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EMPLOYMENT PRACTICES LIABILITY INSURANCE APPLICATION (Short Form for indication purposes only)

1. Applicant Name and Address _____ Date Established _____
2. Additional Locations/Subsidiaries and Addresses _____
3. Description of Operations _____

EMPLOYEES

4. Indicate for all Locations/Subsidiaries
a. Current Number of Employees Full-time _____ Part-time _____ Leased _____
5. For each of the last three (3) years, indicate:
a. Total Number of Employees: Current Yr _____ Prior Yr _____ Prior Yr _____
b. Annual turnover rate (actual number) _____
c. Total number of employees involuntarily terminated or laid off _____
6. Indicate below the number of employees by their salary ranges:
\$100,000 or less per year Full-time _____ Part-time _____ Leased _____
Over \$100,000 per year Full-time _____ Part-time _____ Leased _____

HUMAN RESOURCES

7. Do you have a Human Resources or Personnel Department? Yes _____ No _____
8. Do you use an employment application for your employment applicants? Yes _____ No _____
9. Do you use Employment Contracts? Yes _____ No _____
10. Do you provide job descriptions for all positions? Yes _____ No _____
11. Do you distribute an employment handbook to all of your employees? Yes _____ No _____
12. Please indicate whether or not your employment handbook contains the following:
Anti sexual harassment policy YES [] NO [] Grievance/open door procedures YES [] NO []
Anti-discrimination policy YES [] NO [] "At Will" language YES [] NO []
Equal Opportunity Statements YES [] NO [] "Not an employment contract language" YES [] NO []
Notification for FMLA leave YES [] NO [] Signed employee acknowledgments YES [] NO []
13. Do you conduct regular written performance evaluations of all your employees? Yes _____ No _____
14. Do you require that all employment terminations be reviewed by:
a. The Human Resources Department? Yes _____ No _____
b. Legal Counsel? Yes _____ No _____
15. Do you conduct exit interviews when an employee relationship is ended? Yes _____ No _____
16. Do you anticipate any plant, facility, branch or office closing or layoffs in the next twelve (12) months? Yes _____ No _____
17. Have you had any plant, facility, branch or office closing or layoffs in the past twenty four (24) months? Yes _____ No _____
18. Are you a union shop? Yes _____ No _____

PAST HISTORY:

19. Any previous EPLI coverage? Yes _____ No _____
a. Details of carrier, dates, limits, and deductibles: _____
20. For the past five(5) years, please list on a separate sheet all charges, demand letters or EEOC charges from current or former employees. If not applicable, state NONE _____
21. Is any person proposed for coverage aware of any fact or circumstance or any actual or alleged act, error or omission that might result in a covered claim? _____

COVERAGE REQUESTED

- Effective Date of Coverage: _____
- Also Quote: [] Defense Outside Limits [] Full Prior Acts [] Punitive Damages
[] Third Party Exposure [] Independent Contractors