Employment Practices Liability Insurance

To receive a premium indication for EPLI coverage, please complete this brief questionnaire.

Name of Company:_____

Address:_____

Nature of Business:_____

- Do you publish an employee handbook and distribute to all employees?   Yes__ No__
- Does the employee handbook contain an at-will statement?   Yes__ No__
- Do you have a signed acknowledgement ?   Yes__ No__
- Do you have an anti-harassment policy and procedure?   Yes__ No__
- Do you have a written employee grievance policy and procedure?   Yes__ No__
- Do you have an anti-discrimination policy and procedure or EEOC statement?   Yes__ No__
- Do you require managers and supervisors to receive training on HR related issues? Yes__ No__
- Do you have an HR Manager or use an HR management service?   Yes__ No__
- Do you require all terminations be reviewed by HR/legal counsel or upper mgmt?   Yes__ No__
- Do you use an employment labor law firm for your HR issues?   Yes__ No__
- Do you use an employment application?   Yes__ No__
- Do you have a formal training program for all new employees?   Yes__ No__
- Do you provide all employees with a written employee performance evaluation?   Yes__ No__
- Do you have written job descriptions?   Yes__ No__
- Do you have written arbitration procedures?   Yes__ No__

Total number of employees: _____

Full time_____   Part time_____   Union_____   Seasonal_____   Temporary_____

Average employee turnover rate the past 3 years _____%

Do you intend to make any acquisitions or close any facilities within the next year?   ___YES ___NO

If yes, please provide details

Have you been involved in any claims or lawsuits, including EEOC in the past three years involving employment related claims, such as wrongful termination, discrimination or harassment?   ___YES ___NO

If yes, please provide details including the nature of the allegations, current status of the claim, and any legal expenses incurred or paid and any settlement paid by either you or an insurance company.

Are you aware of any past or present situations that could result in a claim?   ___YES ___NO

If yes, please provide details.

This is an indication only and subject to review, receipt and acceptance of a completed and signed HCC EPLI application and detailed claims history. We reserve the right to rescind or revise the indication based upon underwriters' evaluation of the information received. THIS IS NOT A BINDABLE QUOTE.