

Employment Practices Liability Insurance Program

To receive a premium indication for EPLI coverage,
please complete the brief questionnaire below:

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 obtain 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.