



Employment Practices Liability Supplemental Application

1. Name of Applicant:		
2. Please provide the following Employment information:		
a. Is there a Human Resources Manager on staff or a separate Human Resources Department?	Yes	☐ No
b. Do you publish and distribute an employment handbook to all employees?	Yes	☐ No
If yes , does the handbook contain the following:		
1. Written policies and procedures against harassment and discrimination?	Yes	☐ No
2. At-Will Employment statement?	Yes	☐ No
3. Written procedures for employee grievances or complaints?	Yes	☐ No
4. Written disciplinary process and written employee appraisal process?	Yes	☐ No
5. Equal Opportunity statement?	Yes	☐ No
6. Signed employee acknowledgement?	Yes	☐ No
c. Do you use an At-Will application for employment?	Yes	☐ No
d. Do you use outside legal counsel for employment advice?	Yes	☐ No
e. Do you have a written sexual harassment and discrimination policy?	Yes	☐ No
If yes, does the policy also apply to customers, clients and other non-employees?	Yes	☐ No
f. Do you provide formal training for all supervisors on administering your discrimination and harassment policy?	Yes	☐ No
g. Do you have written policies regarding the Family and Medical Leave Act (FMLA) including a maternity leave policy?	Yes	☐ No
h. Do you have written policies regarding the Americans with Disabilities Act (ADA)?	Yes	☐ No
3. What is your average turnover rate for the past 3 years?		%
[To calculate, divide the number of staff that have left over the last 3 years by the average number of staff over the last 3 years. Example: average staff over the last 3 years is 10. 2 people left the agency in the last 3 years. 2 divided by 10 is 20%]		
4. Have you experienced in the past 24 months, or do you anticipate in the next 24 months, any merger, acquisition, consolidation, layoffs, reduction in force or reorganization?	Yes	☐ No
If yes, please provide complete details:		

damages or non-nor arbitration again	during the past five (5) year monetary relief, civil or crin nst your Company or any o	ninal proceeding, forma director, manager, offic	al civil administrative o er or any other person	r regulatory proceeding, proposed for this		
insurance, involving employment related claims or incidents, or involving non-employment related discrimination or sexual harassment?						☐ No
If yes, please att	tach full details on a separa	ate sheet.				
proposed for this i	ant or any director, officer, nsurance have any knowle a Claim or action against w	edge or information of a	any fact, circumstance	or situation indicating	☐ Yes	□ No
If yes, please att	tach full details on a separa	ate sheet.				
7. Current EPL Insu	urance:					
Carrier	Expiration Date	Limit of Liability	Deductible/ Retention	Retro Date	Premium	
Name:			Title:			
[Print Name]			[Print Title]			
Signature:			Date:			
[Must be signed by Owner, Partner or Senior Officer]			[Month/Day/Year]			