



# Swett & Crawford

## EMPLOYMENT PRACTICES LIABILITY INDICATION FORM

THIS IS A PROPOSAL FORM FOR A POLICY RELATING TO CLAIMS MADE AGAINST THE INSURED PARTY DURING THE CURRENCY OF THE POLICY

1. NAME OF ORGANIZATION \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

(a) INDICATE THE ORGANIZATION'S LEGAL STRUCTURE

Partnership  Corporation  Sole Proprietorship  Limited Liability Company  Professional Corporation

Other (If Other, please indicate) \_\_\_\_\_

(b) WHEN ORGANIZED? \_\_\_\_\_

(c) WHAT IS THE NATURE OF THE ORGANIZATION'S BUSINESS? \_\_\_\_\_

(d) NUMBER OF LOCATIONS \_\_\_\_\_

(e) IS THE ORGANIZATION A FRANCHISE?  Yes  No If yes, please attach a copy of the franchise agreement and any applicable provisions regarding employee relations.

2. NUMBER OF EMPLOYEES: Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Temporary \_\_\_\_\_ Seasonal \_\_\_\_\_

(a) HOW MANY EMPLOYEES ARE UNION MEMBERS? \_\_\_\_\_

(b) ARE ALL UNION MEMBERS SUBJECT TO A COLLECTIVE BARGAINING AGREEMENT?  Yes  No

(c) HOW MANY EMPLOYEES HAVE BEEN TERMINATED FOR CAUSE IN EACH OF THE LAST THREE (3) YEARS?

year \_\_\_\_\_ year \_\_\_\_\_ year \_\_\_\_\_

3. HAS THE ORGANIZATION CLOSED ANY FACILITIES, REDUCED STAFF OR LAID OFF ANY EMPLOYEES DURING THE LAST THREE (3) YEARS? If yes, please state the reason for the action and identify the number of employees affected by the action.

Yes  No

4. DOES THE ORGANIZATION ANTICIPATE CLOSING ANY FACILITIES, REDUCING STAFF OR LAYING OFF ANY EMPLOYEES DURING THE NEXT 24 MONTHS? If yes, please state the reason for the action and identify the number of employees to be affected by the action.

Yes  No

5. DOES ANY PROPOSED INSURED SERVE AS A DIRECTOR, OFFICER, PARTNER, MEMBER, OWNER OR EMPLOYEE OF ANY OTHER ENTITY (other than the Named Organization and/or its subsidiaries)?

### 6. EMPLOYMENT PRACTICES

(a) DOES THE ORGANIZATION HAVE AN EMPLOYMENT HANDBOOK? If yes, please provide a copy of the handbook.

Yes  No

(b) IS THE EMPLOYMENT HANDBOOK DISTRIBUTED TO ALL EMPLOYEES?

Yes  No





# Swett & Crawford

(c) DOES THE HANDBOOK CONTAIN A STATEMENT ADVISING THE EMPLOYEE THAT THE EMPLOYEE RELATIONSHIP BETWEEN THE COMPANY AND THE EMPLOYEE IS AN AT-WILL RELATIONSHIP?

Yes  No

(d) DOES THE HANDBOOK CONTAIN A DISCLAIMER ADVISING THE EMPLOYEE THAT THE HANDBOOK DOES NOT CONSTITUTE A WRITTEN EMPLOYMENT AGREEMENT?

Yes  No

7. DOES THE EMPLOYMENT APPLICATION CONTAIN A STATEMENT ADVISING THE EMPLOYEE THAT THE EMPLOYMENT RELATIONSHIP BETWEEN THE ORGANIZATION AND THE EMPLOYEE IS AN AT-WILL RELATIONSHIP?

Yes  No

8. DOES THE ORGANIZATION HAVE A HUMAN RESOURCES/PERSONNEL DEPARTMENT?

Yes  No If no, identify the person and the position responsible for this function. \_\_\_\_\_

9. ARE EMPLOYEES SUBJECT TO REGULAR WRITTEN PERFORMANCE EVALUATIONS?

Yes  No

10. DOES THE ORGANIZATION HAVE A WRITTEN GRIEVANCE POLICY?

Yes  No

11. DOES THE ORGANIZATION HAVE WRITTEN POLICIES OR PROCEDURES REGARDING THE FOLLOWING:

(a) EQUAL EMPLOYMENT OPPORTUNITY

Yes  No

(b) SEXUAL HARASSMENT

Yes  No

(c) INVESTIGATING EMPLOYEE COMPLAINTS OF DISCRIMINATION OR SEXUAL HARASSMENT

Yes  No

(d) ASSISTING EMPLOYEES WITH LIFE-THREATENING OR COMMUNICABLE DISEASES INCLUDING AIDS/HIV

Yes  No

(e) ACCOMMODATING THE DISABLED IN ACCORDANCE WITH THE AMERICANS WITH DISABILITIES ACT HAS THE ORGANIZATION ESTABLISHED AN AFFIRMATIVE ACTION PROGRAM?

Yes  No

## LOSS HISTORY

13. REGARDLESS OF WHETHER OR NOT THE ORGANIZATION HAD INSURANCE, ON A SEPARATE SHEET, PLEASE FURNISH TOTAL DOLLAR LOSS HISTORY (TOTAL DEFENSE COSTS, SETTLEMENTS AND JUDGMENTS) FOR ALL LOSSES INVOLVING WRONGFUL EMPLOYMENT PRACTICES FOR THE PAST FIVE (5) YEARS. IF THERE ARE NO LOSSES, STATE NONE.

Yes  None

14. HAS ANY PROPOSED INSURED BEEN NAMED AS A DEFENDANT OR RESPONDENT BEFORE ANY OF THE FOLLOWING AGENCIES AND/OR UNDER ANY OF THE FOLLOWING ACTS WITH-IN THE PAST FIVE (5) YEARS?

- |   |                           |                          |
|---|---------------------------|--------------------------|
| NATIONAL LABOR RELATIONS BOARD  | <input type="radio"/> Yes | <input type="radio"/> No |
| EQUAL EMPLOYMENT OPPORTUNITY COMMISSION   | <input type="radio"/> Yes | <input type="radio"/> No |
| U.S. DEPARTMENT OF LABOR  | <input type="radio"/> Yes | <input type="radio"/> No |
| ANY STATE OR LOCAL GOVERNMENT AGENCY SUCH AS THE LABOR DEPARTMENT OR FAIR EMPLOYMENT AGENCY | <input type="radio"/> Yes | <input type="radio"/> No |
| FAIR LABOR STANDARDS ACT  | <input type="radio"/> Yes | <input type="radio"/> No |
| TITLE VII OF THE CIVIL RIGHTS ACT OF 1964   | <input type="radio"/> Yes | <input type="radio"/> No |
| AGE DISCRIMINATION IN EMPLOYMENT ACT  | <input type="radio"/> Yes | <input type="radio"/> No |





# Swett & Crawford

AMERICANS WITH DISABILITIES ACT

Yes  No

EQUAL PAY ACT

Yes  No

FAMILY AND MEDICAL LEAVE ACT

Yes  No

If the answer to any of the above is yes, please identify the claimant and the nature of the claim and describe the result of the claim on a separate sheet of paper.

15. IS ANY DIRECTOR, OFFICER, OWNER, MEMBER, PARTNER, OR SUPERVISORY EMPLOYEE OF THE ORGANIZATION AWARE OF ANY FACT, CIRCUMSTANCE OR SITUATION INDICATING THE PROBABILITY OF A CLAIM FOR WRONGFUL EMPLOYMENT PRACTICES BEING BROUGHT AGAINST ANY PROPOSED INSURED? If yes, please identify the possible claimant and the nature of the potential claim on a separate sheet of paper.
- Yes  No

**IT IS AGREED THAT IF THERE IS KNOWLEDGE OF ANY SUCH FACT, CIRCUMSTANCE, OR SITUATION, ANY CLAIM SUBSEQUENTLY EMANATING THEREFROM SHALL BE EXCLUDED FROM COVERAGE UNDER THE INSURANCE BEING APPLIED FOR.**

16. IS THE ORGANIZATION CURRENTLY COVERED UNDER ANY EMPLOYMENT PRACTICES LIABILITY INSURANCE?

Yes  No If yes, please provide details. \_\_\_\_\_

\_\_\_\_\_

17. NO SIMILAR INSURANCE ON BEHALF OF THE ORGANIZATION HAS BEEN CANCELLED OR RENEWAL THEREOF REFUSED, EXCEPT AS FOLLOWS (IF ANSWER NONE, SO STATE): \_\_\_\_\_

\_\_\_\_\_

### CLAIMS HANDLING PROCEDURES

18. (a) IDENTIFY THE EMPLOYEE RESPONSIBLE FOR HANDLING CLAIMS WHICH MAY ARISE UNDER THE PROPOSED INSURANCE:

NAME : \_\_\_\_\_ POSITION: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

- (b) DOES THE ORGANIZATION HAVE A WRITTEN PROCEDURE FOR RESPONDING TO CLAIMS FOR WRONGFUL EMPLOYMENT PRACTICES?

Yes  No

- (c) ARE SUPERVISORY PERSONNEL REQUIRED TO PROVIDE PROMPT NOTICE OF CLAIMS TO MANAGEMENT?

Yes  No

19. THE UNDERSIGNED DECLARES THAT TO THE BEST OF HIS OR HER KNOWLEDGE AND BELIEF THE STATEMENTS SET FORTH HEREIN ARE TRUE. ALTHOUGH THE SIGNING OF THIS PROPOSAL FORM DOES NOT BIND THE UNDERSIGNED, ON BEHALF OF THE ORGANIZATION TO EFFECT INSURANCE, THE UNDERSIGNED, ON BEHALF OF THE ORGANIZATION, AGREES THAT THIS FORM AND SAID STATEMENTS SHALL BE THE BASIS OF ANY QUOTATION THAT MAY BE SUBMITTED. THE INSURER IS HEREBY AUTHORIZED TO MAKE ANY INVESTIGATION AND INQUIRY IN CONNECTION WITH THIS PROPOSAL.

SIGNED: \_\_\_\_\_  
APPLICANT'S AUTHORIZED SIGNATURE OF A PRINCIPAL, PARTNER OR OFFICER

DATE: \_\_\_\_\_

