**PUBLIC ENTITY PAK**

**EMPLOYMENT-RELATED PRACTICES LIABILITY**

**SUPPLEMENTAL QUESTIONNAIRE**

**(Must be accompanied by ACORD Application Forms)**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **APPLICANT INFORMATION** | | | | | | | | | |
| NAME: (First Named Insured): | | | | | | | | | |
|  | | | | | | | | | |
| Mailing Address of First Named Insured: | | | | | | | | | |
|  | | | | | | | | | |
| City/Township Administrator:  Name:  Phone: (     )      FAX: (     ) | | | Governing Board Contact Person:  Name:  Phone: (     )      FAX: (     ) | | | | | | |
| Limit of Insurance: Each Wrongful Act Limit $       Annual Aggregate $ | | | | | | | | | |
| Deductible (check one):  $0  $1,000  $2,500  $5,000 | | | | | | | | | |
| Do you currently have claims-made Employment Practices Liability? | | | | | | Yes | | No | |
| Do you want prior acts coverage? If yes, attach Dec page from prior policy. | | | | | | Yes | | No | |
| **EMPLOYEE DATA** | | | | | | | | | |
|  | | Full Time  (35 or more hours) | | Part Time  (less than 35 hours) | Non-paid  Volunteers | | | | |
| **1.** | # of Employees Now |  | |  |  | | | | |
| **2.** | # of Employees A Year Ago |  | |  |  | | | | |
| **3.** | # Terminated/Laid off in last 12 months |  | |  |  | | | | |
| **4.** | % Employed less than 12 months |  | |  |  | | | | |
| **5.** | % Employed more than 5 years |  | |  |  | | | | |
| **GENERAL INFORMATION** | | | | | | | | | |
| **1.** | Do you employ a full time Human Resources professional? | | | | | | Yes | | No |
|  | If no, who performs the Human Resource function (name/title)? | | | | | | | | |
| **2.** | Do you currently utilize employment counsel? | | | | | | Yes | | No |
| **3.** | Do you utilize an employment application for all your job applicants? | | | | | | Yes | | No |
|  | If yes, does the application contain an employment at will statement? | | | | | | Yes | | No |
|  | If yes, does the application include authorization to check references and criminal conviction records? | | | | | | Yes | | No |
|  | If yes, does the application require a signature attesting that all representations are true? | | | | | | Yes | | No |
|  | If yes, does the application contain an equal opportunity employment statement? | | | | | | Yes | | No |
| **4.** | Do you require the Human Resources Department to review and approve each proposed employee termination? | | | | | | Yes | | No |
| **5.** | Do you have outside employment counsel review each proposed employee termination? | | | | | | Yes | | No |
| **6.** | Do you distribute an Employment Handbook to all employees? | | | | | | Yes | | No |
|  | If yes, please submit a copy of the Employment Handbook. | | | | | |  | |  |
| **7.** | Do you have a clearly written policy against sexual harassment and distribute that policy to all employees? | | | | | | Yes | | No |
|  | If yes, please submit a copy of the policy. | | | | | |  | |  |
| **8.** | Do you have a clearly written policy against discrimination? | | | | | | Yes | | No |
|  | If yes, please submit a copy of the policy. | | | | | | | | |
| **9.** | Do you have mandatory training for employees on their rights and obligations under anti-harassment and anti-discrimination laws? | | | | | | Yes | | No |
|  | If yes, how often does this training take place? | | | | | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **10.** | How often are your employment policies and procedures reviewed? | | | |
|  | By whom? | | | |
| **11.** | Do you have a written procedure for notification and handling of employment related grievances, disputes, notifications or claims? | | Yes | No |
| **12.** | Do you post, in places conspicuous to all employees and applicants for employment, all notices required by law? | | Yes | No |
| **13.** | When requested by employees, do you distribute information as required by Federal Law regarding the Family Medical Leave Act to all employees? | | Yes | No |
| **14.** | Are you aware of any fact, situation, or circumstance which may result in an Employment Practices Liability claim? If yes, attach a detailed explanation. | | Yes | No |
| **LOSS HISTORY** | | | | |
| PLEASE ATTACH AN EXPLANATION OF ANY PREVIOUS ALLEGATIONS OR CLAIMS RELATING TO EMPLOYEE TERMINATION, HARASSMENT, OR DISCRIMINATION.  Information provided should include the date the claims was first made; the claimant’s name; the allegation; the current status of the claim; the amount of the demand; the settlement (or reserve) amount; and any applicable attorney’s fees.  If NONE, indicate here: | | | | |
| **SIGNATURES** | | | | |
| THE UNDERSIGNED INDICATES THAT THE STATEMENTS IN THIS APPLICATION AND OTHER MATERIAL SUBMITTED TO THE INSURER ARE TRUE AND CORRECT. ALTHOUGH THE SIGNING OF THIS APPLICATION DOES NOT BIND THE APPLICANT OR INSURER TO EFFECT INSURANCE, THE UNDERSIGNED AGREES THAT THIS APPLICATION SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED AND SHALL FORM PART OF THE POLICY.  THE UNDERSIGNED FURTHER DECLARES THAT ANY OCCURRENCE OR EVENT TAKING PALCE PRIOR TO THE EFFECTIVE DATE OF THE INSURANCE APPLIED FOR WHICH MAY RENDER INACCURATE, UNTRUE, OR INCOMPLETE ANY INFORMATION IN THE APPLICATION, WILL IMMEDIATELY BE REPORTED IN WRITING TO THE INSURER. BASED ON SUCH NEW INFORMATION, THE INSURER MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS AND OR AUTHORIZATION OR AGREEMENT TO BIND THE INSURANCE. | | | | |
| Agent DATE | | Insured DATE | | |

|  |
| --- |
| ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, HI, NE, OH, OK, OR, or VT; in DC, LA, ME, TN and VA, insurance benefits may also be denied) |