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EMPLOYMENT PRACTICES LIABILITY

Short form application for non-bindable, indication purposes only.

Agency Name: _____ Agency Contact: _____

Agent's Phone: _____ Agent's Fax: _____ Agent's Email: _____

Name of Prospective Insured: _____

Mailing Address: _____

Nature Of Business: _____

Number Of Years In Business: _____ Annual Revenues _____

Number Of Employees: Total: _____ Full Time: _____ Part Time: _____

Independent Contractors: _____ Union: _____ Seasonal: _____ Temporary: _____

- 1. Does the applicant have an HR Manager or use an HR management service? Yes [] No []
2. Does the applicant use an employment application? Yes [] No []
3. Does the applicant provide all employees with a written employee performance evaluation? Yes [] No []
4. Does the applicant have written job descriptions? Yes [] No []
5. Does the applicant publish an employee handbook and distribute to all employees:? Yes [] No []

IF YES - Does the employee handbook contain:

- An at-will statement? Yes [] No []
Signed acknowledgment by the employee? Yes [] No []
An Anti-harassment policy and procedure? Yes [] No []
A written employee grievance policy and procedure? Yes [] No []

- 6. Does the applicant have an anti-discrimination policy and procedure or EEOC statement? Yes [] No []
7. Does the applicant require all terminations be reviewed by HR/legal counsel or upper management? Yes [] No []

8. Current Employment Practices Liability Insurance: Expiration Date: _____

If yes, provide the following:

Carrier: _____ Premium: _____

Limit: _____ Deductible: _____ Retro Date: _____ (If Applicable)

- 9. Average turnover rate for the past 3 years: _____%
10. Does the applicant anticipate any mergers, acquisitions or layoffs during the next 12 months? Yes [] No []
11. Has the applicant been involved in any claims or lawsuits, including EEOC in the past five 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 the applicant or the insurance company.

If you work with a specific Lemac broker, place their name here: _____