

## Fireman's Fund Agency E&O Supplemental Application Employment Practices Liability Endorsement

This Application **MUST** Be submitted electronically. Do **NOT** print or scan. Save to your hard drive before completing.

Please complete using Acrobat Reader 8.0 or higher, which is available for free at: <http://www.adobe.com/products/acrobat/readstep2.html>

Name of Applicant: \_\_\_\_\_

1. Please provide the following Employee count information: (Other than in "Total Number", only list people once.)

Total Number	Full Time Employees	Part-Time Employees	Independent Contractors	Seasonal	Temporary

2. Please provide the following Employment information:

- A. Is there an H.R. Manager on staff or a separate H.R. 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 Pregnancy/Family and Medical Leave Act?  YES  NO
- H. Do you have written policies regarding Americans with Disabilities Act (ADA)?  YES  NO

3. What is your average turnover rate for the past three (3) years? \_\_\_\_\_%

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:*

\_\_\_\_\_

\_\_\_\_\_

5. Has there been during the past five (5) years, or is there now pending, any written demand for monetary damages or non-monetary relief, civil or criminal proceeding, formal civil administrative or regulatory proceeding, or arbitration against your Company or any director, manager, officer or any other person proposed for this insurance, involving employment related claims or incidents, or involving non-employment related discrimination or sexual harassment?  YES  NO

*If yes, please attach full details on a separate sheet.*

6. Does the applicant or any director, officer, manager, member, partner, employee or agent of the applicant proposed for this insurance have any knowledge or information of any fact, circumstance or situation indicating the probability of a Claim or action against which indemnification would be afforded by this insurance?  YES  NO

*If yes, please attach full details on a separate sheet.*

Current EPL Insurance:

Carrier	Expiration Date	Limit of Liability	Deductible/Retention	Retro Date	Premium

This application must be signed and dated by the Chairman, President, Chief Executive Officer, Chief Financial Officer or Chief Human Resources Executive of the Applicant, acting as the authorized agent of the persons and entity(ies) proposed for this insurance.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_