

EMPLOYMENT PRACTICES LIABILITY COVERS WRONGFUL ACTS

The definition of “wrongful acts” includes:

- Wrongful /Termination
- Sexual Harassment
- Internet/Email Liability
- Retaliation
- Pregnancy Discrimination/FMLA
- Third Party Liability
- Wrongful Discipline
- Religious Discrimination
- Disability Discrimination/ADA
- Failure to Promote
- Age Discrimination
- Negligent Evaluation/Training
- Racial Discrimination

SOME CLAIMS EXAMPLES:

Wrongful Termination/Sexual Harassment

A female employee claims she was fired because she would not date her manager after refusing him several times. She sued for sexual harassment and wrongful termination and settled for \$38,000.

Internet/Email Liability

An employee emailed an off-color joke to his fellow employees. The employer made his employee send an apology to the employees who had received the email. Two months later, during a company down-sizing, an employee who had received the email sued, claiming a hostile work environment and used the email as evidence. Claim settled for under \$5,000.

Retaliation

A minority employee complained to management that some of his co-workers were using racial slurs and jokes. His supervisor transferred him to another restaurant to avoid the harassment. The employee later sued for discrimination and retaliation for changing his work place location. Claim settled for \$78,000.

Third Party Liability

The restaurant denied service to a customer who was accompanied by his “service animal” citing the animal frightened the other customers. The customer sued for discrimination under the Americans with Disabilities Act and was awarded \$45,000.

For a quote, please call:

Cheryl Downey at (925) 244-7719 or e-mail her at cdowney@edgewoodins.com



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Please return this completed form to:

Cheryl Downey, EPIC Insurance Brokers
 3000 Executive Parkway, #325, San Ramon, CA 94583
 Tel: 925.244.7719
 Fax: 925.867.3421
 cdowney@edgewoodins.com
 License #: 0B29370

SECTION 1 - GENERAL INFORMATION (Please type or print clearly)

Name of Applicant _____
 Business Entity Name _____
 Mailing Address _____
 City _____ State _____ Zip _____
 HR Contact _____ Telephone _____ Fax _____
 Email _____ # Employees in Office _____

Applicant is a (check one)
 Corporation Partnership LLC Individual Other _____

Principal Product/Service _____ Name of Franchise/Affinity Group _____

Do you currently carry EPLI Coverage? Yes No

If yes, please indicate carrier _____

SECTION 2 - LOCATION AND EMPLOYEE INFORMATION

All applicants must complete the LOCATION and EMPLOYEE INFORMATION SCHEDULE attached to this application.

Total # of Employees _____ #Full Time _____ # Part Time _____

SECTION 3 - Loss HISTORY (Answers to both questions One and Two are required)

Please provide specific details for each Employment Practice claim, lawsuit or incident.

1) List three years of first dollar loss history for all wrongful termination, discrimination, sexual harassment claims and workplace torts, both state and federal, civil and administrative in the space provided below. Please provide claims details on a separate sheet and attach it to this application. If no claims, please check here:

Claim Date	Claimant Name	Nature of Claim	Defense Amt.	Indemnity Amt.	Reserve Amt.	Status
			\$	\$	\$	
			\$	\$	\$	
			\$	\$	\$	

2) Are you aware of any facts, incidents or circumstances which may result in a claim against you?

Yes No If **yes**, please provide details on a separate sheet and attach .

SECTION 4 - REQUESTED LIMIT OPTIONS

Please provide specific details for each Employment Practice claim, lawsuit or incident.

Single Limit Option \$250,000 \$500,000 \$1,000,000
 Aggregate Limit Option \$250,000 \$500,000 \$1,000,000 \$2,000,000* \$3,000,000*
 Retention Options \$5,000 \$10,000 \$25,000 Other \$

*\$2,000,000 and \$3,000,000 aggregate options are not available for the \$250,000 single limit option.



SECTION 5 - HUMAN RESOURCES PROCEDURES

Have you formally adopted and implemented the following?

- | | | | | |
|--|--------------------------|-----|--------------------------|----|
| 1) A written policy on anti-harassment and procedures to report harassment to management | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 2) A written policy and procedure on anti-discrimination or an EEOC statement prohibiting discrimination | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 3) Utilize an employment application that contains an at-will provision | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 4) Scheduled management and supervisory workplace training on HR-related issues, including, but not limited to, anti-harassment, anti-discrimination and conflict resolution | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 5) Open door policy and written procedure for internal complaints | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 6) Orientation program for all employees communicating workplace procedures | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 7) Termination review by management, HR manager, outside HR professional or law firm` | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 8) Does your organization anticipate any of the following in the next twelve (12) months: | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Selling or closing any locations or operations? If yes, how many? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Acquiring or opening any new locations or operations? If yes, how many? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

SECTION 6 - THIRD PARTY DISCRIMINATION AND SEXUAL HARASSMENT COVERAGE

- | | | | | |
|---|--------------------------|-----|--------------------------|----|
| 1) Do you have written procedures for handling complaints of discrimination and sexual harassment from a person other than an employee? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 2) Have you received any complaints alleging discrimination and/or sexual harassment or non-sexual harassment from a person other than an employee in the past five (5) years?
If yes , what was the total number of complaints received? (Please provide details, including any amounts paid or reserved, on a separate sheet and attach.) | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 3) Are your facilities designed to accommodate the disabled in compliance with the Americans with Disabilities Act (ADA)? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 4) If you answered no to question 3 above, do you anticipate that your facilities will be brought into compliance with the ADA law in the next twelve (12) months?
If no, please explain why on a separate sheet and attach. | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 5) Do you provide training to your employees regarding discrimination and sexual harassment or non-sexual harassment of a person other than an employee? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

SECTION 7 - APPLICANT'S WARRANTIES AND SIGNATURE

I understand the LOCATION and EMPLOYEE INFORMATION SCHEDULE form will become part of my organization's Employment Practices Liability application and is subject to the same representations and conditions.

The Applicant warrants to the best of its knowledge and belief that the statements set forth herein are true and include all material information. The undersigned authorized officer of the Applicant hereby acknowledges that he/she is aware that the limit of liability contained in this policy shall be reduced, and may be completely exhausted, by the costs of legal defense and, in such event, the Insurer shall not be liable for the costs of legal defense or for the amount of any judgment or settlement to the extent that such exceeds the limit of liability of this policy. The undersigned authorized officer of the Applicant hereby further acknowledges that he/she is aware that legal defenses that are incurred shall be applied against the retention amount.

The Applicant further warrants that if the information supplied on this application changes between the date of the application and the inception date of the policy, the Applicant will immediately notify the underwriters. It is agreed that this application shall be the basis of insurance and will be attached and made part of the policy should a policy be issued.

Date *

Signature of Applicant's Authorized Officer

Title



LOCATION AND EMPLOYEE INFORMATION SCHEDULE

List all locations to be covered by the policy for which you are applying.

	Location Type	Store #	Entity Address	# of Employees	
				Full Time	Part Time
1)	<input type="radio"/> Full Unit <input type="radio"/> Non-Standard Unit <input type="radio"/> 24-Hour Unit				
2)	<input type="radio"/> Full Unit <input type="radio"/> Non-Standard Unit <input type="radio"/> 24-Hour Unit				
3)	<input type="radio"/> Full Unit <input type="radio"/> Non-Standard Unit <input type="radio"/> 24-Hour Unit				
4)	<input type="radio"/> Full Unit <input type="radio"/> Non-Standard Unit <input type="radio"/> 24-Hour Unit				
5)	<input type="radio"/> Full Unit <input type="radio"/> Non-Standard Unit <input type="radio"/> 24-Hour Unit				
6)	<input type="radio"/> Full Unit <input type="radio"/> Non-Standard Unit <input type="radio"/> 24-Hour Unit				
7)	<input type="radio"/> Full Unit <input type="radio"/> Non-Standard Unit <input type="radio"/> 24-Hour Unit				
8)	<input type="radio"/> Full Unit <input type="radio"/> Non-Standard Unit <input type="radio"/> 24-Hour Unit				
9)	<input type="radio"/> Full Unit <input type="radio"/> Non-Standard Unit <input type="radio"/> 24-Hour Unit				
10)	<input type="radio"/> Full Unit <input type="radio"/> Non-Standard Unit <input type="radio"/> 24-Hour Unit				
Totals:					

I understand this LOCATION and EMPLOYEE INFORMATION SCHEDULE form will become part of the organization's Employment Practices Liability application and is subject to the same representations and conditions.



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License #:0B29370

INSTRUCTIONS (Please type or print clearly)

- 1) This form is to be completed if you are seeking to add Third-Party Discrimination and Sexual Harassment coverage to your Employment Practices Liability policy. It must be dated and signed by the same individual who signed the application for that policy.
- 2) For the purpose of this supplemental application, the term “person” means and individual who is an existing or former customer, a vendor or a client of the Named Insured.

INFORMATION

- 1) Name of Applicant Organization: _____
- 2) Do you have written procedures for handling complaints of discrimination and sexual harassment from a “person” other than an employee? Yes No
If **yes**, are complaints recorded? Yes No
- 3) Have you received any complaints alleging discrimination and/or sexual or non-sexual harassment from a “person” other than an employee in the last five (5) years? Yes No
If **yes**, what was the total number of complaints received? *Please provide details of these complaints, including any amounts paid or reserved, on a separate sheet and attach*
- 4) Are your facilities designed to accommodate the disabled in compliance with the Americans with Disabilities Act (ADA)? Yes No
If **yes**, do you anticipate that your facilities will be in compliance with the ADA for the next twelve (12) months?
If no to either question, please provide an explanation on a separate sheet and attach.
- 5) Do you provide training to your employees regarding discrimination and sexual or non-sexual harassment of a “person” other than an employee? Yes No
If **yes**, is the training part of a formalized course? Yes No
If **yes**, is the training compulsory? Yes No
If yes, please provide the details of the controls that you have implemented, clearly stating whether or not they will continue to be used in the future, on a separate sheet and attach.

APPLICANT'S WARRANTS AND SIGNATURE

I represent after full investigation and inquiry that the statements set forth are true and complete. I understand the information on this form will become part of my organization’s Employment Practices Liability application and is subject to the same representations and conditions.

Date* Signature of Applicant’s Authorized Officer Title