

Employment Practices Liability Insurance Indication Form

Please fax or mail to:

NAMIC Insurance Agency
3601 Vincennes Road, Indianapolis, IN 42268
Fax: 317-872-5636 / Phone: 800-336-2642

All questions must be answered. If a question does not apply, indicate "N/A."

GENERAL INFORMATION

1. Name (This is the name of the firm or the parent/holding company): _____

2. Address: _____

City: _____ State: _____ Zip Code: _____

Additional Locations: _____

3. Business Type: Corporation Partnership Professional Corporation
 Sole Proprietorship Other (specify): _____

4. a. Date Business Established: _____

b. Describe Nature of Business: _____

5. a. Are you in bankruptcy or contemplating any form of bankruptcy? Yes No

b. Do you have positive net worth and sufficient working capital? Yes No

6. Complete the following for any subsidiaries more than 50% owned by you that you want covered. Include these employees in Question #11:

Name	Location	Nature of Business	% of Interest	Date Acquired/ Established	# of Employees

7. With respect to mergers and acquisitions, have you:

a. Merged or acquired another entity in the last 24 months? Yes No

b. Any plans to merge or acquire another entity within next 12 months? Yes No

If yes to either question a. or b., complete the following:

Name	Location	Nature of Business	% of Interest	Date Acquired/ Established

- 1) With respect to these mergers/acquisitions, did you terminate any employees or officers?..... Yes No
 If yes, how many employees? _____ Officers? _____
- 2) With respect to these mergers/acquisitions, do you plan to terminate any employees or officers within the next 12 months? Yes No
 If yes, how many employees? _____ Officers? _____
8. Any plans to close an office or lay off 5% or more of employees within the next 12 months? ... Yes No
 If yes, please explain: _____
 Do you have a formal "reduction in force" policy? Yes No
 If yes, provide copy.
 If no, how will the closings be handled? _____

EMPLOYEE INFORMATION

9. By state, please list the total number of locations and employees including subsidiaries for which you want coverage, broken down by Full-Time employees (FT), Part-Time employees* (PT), Temporary employees (T), and Leased employees** (L):

Current Year: _____					Prior Year: _____						
State	Number of Locations by State	Number of Employees				State	Number of Locations by State	Number of Employees			
		FT	PT	T	L			FT	PT	T	L
Totals						Totals					

*Defined as employees working less than 32 hours per week/1600 per year.
 **All Leased employees are to be shown under "(L)" category, whether Part-Time or Temporary.

10. Current number of Independent Contractors: _____
 Please note that no coverage is afforded for Independent Contractors unless specifically requested and endorsed to the policy. Do you want coverage for Independent Contractors? .. Yes No
 If yes: a. Do the Independent Contractors work only for you? Yes No
 b. Are Independent Contractors under the same direction and control as employees? Yes No

11. How many employees from Question 9 are international employees working on foreign lands? _____
 (List countries where international employees are located and indicate the number of employees in each country): _____

12. Current number of employees that are union versus non-union: Union: _____ Non-union: _____

13. Breakdown of current Full-Time employees by their total cash compensation (salary + bonus):

Salary Ranges	Number of Employees	Percent of Total
\$100,000 per year or less		
Over \$100,000 per year		

14. How many employees have been terminated in the past 3 years:

	Current Year: _____		Prior Year: _____		Third Year: _____	
	Voluntary	Involuntary	Voluntary	Involuntary	Voluntary	Involuntary
Employees						
Officers						

EMPLOYMENT INFORMATION

15. Do you have a Personnel/Human Resource Department?..... Yes No

(If no, answer 15.b.)

a. If yes, number of staff: _____ To whom does Personnel/HR report? _____

b. If no, explain who is responsible for this function, the person's qualifications and how long in position: _____

c. Do all managers and supervisory personnel receive training on how to conduct proper:

Interviews? Yes No

Terminations? Yes No

Performance Reviews? Yes No

Exit Interviews? Yes No

Progressive Discipline? Yes No

d. Do all managers and supervisory personnel receive training on the company's policies and procedures for:

Discrimination? Yes No

Sexual Harassment? Yes No

Termination? Yes No

Handling Complaints? Yes No

16. Do you have an employee handbook? Yes No

a. Do you distribute policy statements on or does your handbook contain:

(1) Sexual Harassment policy? Yes No

(2) Anti Discrimination policy? (EEOC) Yes No

(3) Employment-at-Will Statement? Yes No

(4) A Disclaimer stating the Handbook is not a contract? Yes No

b. Does every employee receive a copy? Yes No

c. Is your Sexual Harassment policy distributed annually to all employees? Yes No

d. Do you get written acknowledgment that employees received the handbook or policy statements at time of hire and when redistributed after or after changes are made? Yes No

e. Is the handbook reviewed at least every three years? Yes No

f. What is the date of the last update? _____

g. Has it been reviewed by a labor relation's attorney? Yes No

17. If no handbook, how does the company relay its employment policies and procedures to employees? _____

18. Do you have a formal, standardized employment application? Yes No

a. Has it been reviewed by a labor relation's attorney? Yes No

b. Does it have an Employment-at-Will statement? Yes No

c. Does it have an Equal Opportunity Employer statement? Yes No

If no application is used, how do you screen/consider new employees? _____

- 19. Do you use any psychological tests to screen applicants, to promote employees or for the purposes of continuing employment?** Yes No
 If yes, describe type of test and how the test is administered, i.e., to all employees or segments: _____

 Has the test been validated? Yes No
- 20. Do you require drug testing or physical exams of employees?** Yes No
 If yes, under what circumstances? _____
 If requiring a physical exam or a drug test, do you do so only after a conditional offer of employment is made? Yes No
- 21. Do you use any other tests to screen applicants?** Yes No
 If yes, describe: _____

- 22. Are all equal opportunity notices posted in common areas?** Yes No
- 23. Have you reviewed your employment policies, practices and procedures to determine if you are in compliance with the Americans With Disabilities Act?** Yes No Not Applicable
 a. Have you or do you plan to implement changes to comply with the Act? .. Yes No Not Applicable
 Please explain: _____
 b. Do you have written emergency and/or evacuation procedures, including addressing the needs of the disabled? Yes No
- 24. Do you have written job descriptions on all positions?** Yes No
 If no, do you have job descriptions for all administrative, professional, semi-professional and or management/supervisor positions? Yes No
- 25. Do you provide a written performance evaluation for all employees?** Yes No
 If yes, how often? _____
 If no, why not? _____
- 26. Do you have a written progressive disciplinary program?** Yes No
- 27. Do you have an established internal dispute resolution program?** Yes No
- 28. Do you maintain written records of all reviews and disciplinary actions?** Yes No
- 29. Do you have a written procedure for handling complaints?** Yes No
- 30. Do you require counsel from a human resource professional or qualified labor relation's attorney prior to terminating an employee?** Yes No
- 31. Do you conduct exit interviews?** Yes No
- 32. Do you offer:**
 a. A severance package? Yes No
 b. A formal out-placement program to assist terminated employees in searching for other jobs? Yes No
- 33. Do you provide a sexual harassment statement to your employees as follows:**
 a. Statement clearly states who an incident should be reported to (including an alternate if needed)? Yes No
 b. Statement advising them that they need to advise management if they are being harassed in any fashion? Yes No

c. If 33.a. or 33.b. is answered No, do you agree to implement such a procedure(s) within sixty (60) days of binding coverage?..... Yes No

CLAIMS HISTORY

34. Have there been any employment practices claims made against you, the firm or anyone proposed for this insurance, in the last 5 years? Yes No

If yes, please complete the Claim/Circumstance/Administrative Hearings Supplement.

35. Are you or anyone proposed for this insurance aware of any circumstances which might give rise to a claim under this policy? Yes No

If yes, please complete the Claim/Circumstance/Administrative Hearings Supplement.

36. Are you or anyone proposed for this insurance aware of any charges, inquiries, investigations, grievances or other administrative hearings currently before any of the following agencies and/or under any of the following acts?

National Labor Relations Board Yes No

Equal Employment Opportunity Commission..... Yes No

Federal Labor Standards Act..... Yes No

Fair Labor Standards Enforcement Act..... Yes No

Title VII of the Civil Rights Act of 1964 Yes No

Civil Rights Act of 1991 Yes No

Age Discrimination in Employment Act Yes No

Americans With Disabilities Act..... Yes No

U.S. Department of Labor..... Yes No

Any state or local government agency such as the Labor Department or Fair Employment Agency.... Yes No

If yes to any, please complete the Claim/Circumstance/Administrative Hearings Supplement.

INSURANCE INFORMATION

37. Has the proposed coverage ever been purchased? Yes No

If yes, please provide:

Policy Period	Retro Date	Insurer	Limits	SIR/Deductible	Coinsurance	Premium

38. Limits of Liability requested:

\$1,000,000/\$1,000,000 \$500,000/\$500,000 \$250,000/\$250,000 Other: _____

39. Deductible requested:

\$5,000 \$10,000 Other: _____

THE UNDERSIGNED INDIVIDUAL UNDERSTANDS THAT THIS IS NOT AN APPLICATION FOR INSURANCE. THIS FORM IS ONLY FOR THE PURPOSES OF SECURING AN INDICATION AND TO BIND, A FULLY COMPLETED APPLICATION WILL BE REQUIRED.

Name

Signature and Title of Principal (must be owner, partner or officer)

Date

Signature of individual responsible for Human Resources

Date

NAMIC Insurance Agency _____ 317 875-5250
Producer's Name Area Code Phone Number