

MISSOURI PUBLIC ENTITY PROGRAM APPLICATION

EMPLOYMENT PRACTICES LIABILITY

COVERAGE AND LIMITS			
Named Insured: _____			
This is a Claims Made Form		<i>Retroactive Date</i> _____	Has there been continuous Claims Made coverage back to the requested Retroactive Date? <input type="checkbox"/> Yes <input type="checkbox"/> No
Limits of Liability:	Each Wrongful Act Limit \$ _____	Total Limit \$ _____	Each Wrongful Act Deductible \$ _____
EMPLOYMENT – RELATED			
Total number of employees Full-time	Part-time		Volunteers
Number of employees who have been terminated in the last year			In prior year
Number of employees who have left voluntarily in the last year			In prior year

Did your previous policy provide employment-related practices coverage?..... ☐ Yes ☐ No

If yes, complete the following:

Carrier: _____ Limit: _____ Deductible: _____

Does your organization have a Human Resources Department? ☐ Yes ☐ No

If yes, does an employee from Human Resource review all terminations before being made? ☐ Yes ☐ No

Is a written Personnel Policies and Procedures manual and/or Employee handbook distributed to all personnel? ☐ Yes ☐ No

Have employees signed for the manuals? ☐ Yes ☐ No

Has the manual/handbook been reviewed by legal counsel? ☐ Yes ☐ No

If yes, how often: _____

Does your organization have written policies/procedures for:

Hiring/Interviewing ☐ Yes ☐ No

Salary Administration ☐ Yes ☐ No

Performance appraisal/review ☐ Yes ☐ No

Discipline ☐ Yes ☐ No

Discharge/Termination/Suspension ☐ Yes ☐ No

Accommodating the disabled ☐ Yes ☐ No

Reporting, investigating, and resolving employee complaints (grievance procedures) ☐ Yes ☐ No

Sexual harassment ☐ Yes ☐ No

Discrimination ☐ Yes ☐ No

Is there a written policy prohibiting discrimination? ☐ Yes ☐ No

Is there a written policy prohibiting sexual and any other harassment in the workplace?..... ☐ Yes ☐ No

Does every employment position have a written job description? ☐ Yes ☐ No

Do all prospective employees complete a uniform application prior to hire? ☐ Yes ☐ No

Are written performance evaluations completed for and communicated with employees at least annually? ☐ Yes ☐ No

Employment Claims or Allegations

During the past three years, have there been any employment-related claim, or notice of circumstances which could give rise to an employment-related claim?..... ☐ Yes ☐ No

If yes, please provide further details: _____

Was this reported to an insurer? ☐ Yes ☐ No

Has there been during the past five years, or is there now pending, any complaint against the insured with the Equal Employment Opportunity commission or other similar state or local agency? ☐ Yes ☐ No

If yes, complete the following:

Date	Claimant Name	Nature of claim	Defense expenses paid	Damages or settlement sought	Current status

Insured: _____ Date: _____ Agent: _____ Date: _____