

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: _____