



EMPLOYMENT PRACTICES LIABILITY COVERAGE SECTION
(APPLICANTS: Please complete this Section only if requesting this coverage.)

A. GENERAL INFORMATION

1. Name of Applicant: _____

B. OPTIONAL COVERAGES REQUESTED

1. Does the Applicant desire an optional proposal including third party liability coverage? [] Yes [] No

C. EMPLOYEE DATA

1. Please provide the following information regarding the Applicant:

Table with 4 columns: Category, Currently, One year ago, Two years ago. Rows include Non U.S., U.S. Only (Full time Non - Union, Full time - Union, Part-time employees, Leased employees, Independent Contractors).

2. Percentage of annual employee turnover rate for:
the past year: ___% 1 year previous: ___% 2 years previous: ___%

3. Number of involuntary terminations which occurred for:
the past year: ___% 1 year previous: ___% 2 years previous: ___%

4. Percentage (%) of employees with salaries (including bonuses):
Less than \$50,000: ___% \$100,000 - \$250,000: ___%
\$50,000 - \$100,000: ___% Greater than \$250,000: ___%



5. Please identify the **Applicant's** locations and employees in states or countries other than the address of the **Applicant** on this Application. (If none, please state.) _____

Location	Number of Employees	Location	Number of Employees

D. HUMAN RESOURCE / POLICIES & PROCEDURES

1. Is the **Applicant** a federal contractor? Yes No
2. If "Yes", does the **Applicant** have an Affirmative Action Plan with the Office of Federal Contract Compliance Programs (OFCCP)? Yes No
3. To whom does the **Applicant** give authority to hire employees? _____
4. To whom does the **Applicant** give authority to fire employees? _____

Does the **Applicant**:

5. Utilize any form of alternative dispute resolution (ADR) or have an arbitration policy? If "Yes", please attach a description. Yes No
6. Have an employee handbook? Yes No
If "Yes", is it distributed to all employees? Yes No
7. Document the receipt of the employee handbook by each employee? Yes No
8. Have written procedures in place that are distributed to each employee, if the **Applicant** does not have an employee handbook? Yes No
9. Have written procedures in place regarding:
- (i) employment-at-will Yes No
 - (ii) EEO statement Yes No
 - (iii) progressive discipline Yes No
 - (iv) termination Yes No
 - (v) handling complaints of sexual harassment or discrimination Yes No
10. Implement a comprehensive anti-sexual harassment policy? Yes No
If "Yes", is a copy of the policy distributed to all employees? Yes No



11. Use any tests to screen applicants or employees for continued employment or promotion?
If "Yes", please provide details. Yes No
- _____
- _____
12. Anticipate any branch, location, facility, office, or subsidiary closings, consolidations, or layoffs within the next twelve (12) months?
If "Yes", please provide details including the timing, anticipated number of layoffs, and the surrounding circumstances. Yes No
- _____
- _____
13. Have a formal out-placement program which assists former employees in obtaining alternative employment? Yes No
14. Offer enhanced severance arrangements in return for a release from future litigation? Yes No
15. Require terminations to be reviewed by in-house or outside counsel in addition to its human resources department? Yes No
16. Use outside employment counsel for employment advice? Yes No
17. Have a full time human resources manager or department?
If "No", how is this function handled? Yes No
- _____
- _____
18. Have a manual of its human resources procedures?
If "Yes", indicate the date it was last revised Yes No
- _____
19. Provide formal training for its supervisors in administering these procedures? Yes No

E. OPTIONAL THIRD PARTY LIABILITY COVERAGE
(APPLICANTS: Please complete this section only if requesting this coverage)

Does the **Applicant**:

1. Have established policies or procedures outlining employee conduct when dealing with customers, clients, vendors, the general public or other third parties, including non-discrimination and non-harassment statements?
If "Yes", please provide a copy. Yes No
2. Have established policies or procedures for responding to complaints of harassment, discrimination, or civil rights violations from its customers, clients, vendors, the general public or other third parties?
If "Yes", please provide a copy. Yes No
3. Have employees who work at customer locations or perform a majority of their functions off-site? Yes No



**Chubb Group of Insurance
Companies**
15 Mountain View Rd
Warren NJ 07059

Power SourceSM
Employment Practices Liability
Application: Section 3

4. If "Yes", please provide the following:
- (a) approximate number of employees: _____
 - (b) services performed / provided: _____

5. Provide formal diversity or cultural sensitivity training for all of its employees? Yes No
If "Yes", please explain.

Additional Underwriting Information Required:

- Employee handbook
- Employment application
- Most recent EEO-1 Statements
- Most recent third party policies and statements