

Section Name	Field Name	Field and/or Section Description
TITLE ACORD 188 (2010/06)	Employment Related Practices Liability Section	The title of the form. ACORD 188, Employment Related Practices Liability Section, is used to apply for Employment Related Practices Liability coverage. This form is intended to be used with ACORD 125, Commercial Insurance Application.
IDENTIFICATION	Agency Customer ID	Enter identifier: The customer's identification number assigned by the producer (e.g. agency or brokerage).
IDENTIFICATION	Date	Enter date: The month/day/year on which the form is completed. (MM/DD/YYYY)
IDENTIFICATION	Agency	Enter text: The full name of the producer/agency.
IDENTIFICATION	Carrier	Enter text: The insurer's full legal company name(s) as found in the file copy of the policy. Use the actual name of the company within the group to which the policy has been issued. This is not the insurer's group name or trade name.
IDENTIFICATION	NAIC Code	Enter code: The identification code assigned to the insurer by the NAIC.
IDENTIFICATION	Policy Number	Enter identifier: The identifier assigned by the insurer to the policy, or submission, being referenced exactly as it appears on the policy, including prefix and suffix symbols. If required for self-insurance, the self-insured license or contract number.
IDENTIFICATION	Applicant / First Named Insured	Enter text: The named insured(s) as it/they will appear on the policy declarations page.
IDENTIFICATION	Proposed Effective Date	Enter date: The effective date of the policy. The date that the terms and conditions of the policy commence.
IDENTIFICATION	Proposed Expiration Date	Enter date: The date on which the terms and conditions of the policy will expire.
IDENTIFICATION	Proposed Retroactive Date	Enter date: The retroactive date you are requesting for the policy being applied for. This is the proposed earliest date for which an occurrence could "trigger" coverage under a Claims Made policy.
COVERAGE	Limit of Liability (\$)	Enter amount: The limit for liability coverage.
COVERAGE	Co-Payment AMT (\$)	Enter amount: The co-payment amount.
COVERAGE	Other	Enter text: The description of any other pertinent information required by the insurer.
INSURANCE INFORMATION	Person responsible for handling ERPL claims:	Enter text: The full name of the person the insurer is to contact regarding any potential claims inquiries. As used here, answer all questions. Note that current and prior coverage information relates only to the coverage request under this application.
INSURANCE INFORMATION	Telephone	Enter number: The telephone number of the person the insurer is to contact regarding any potential claims inquiries.
INSURANCE INFORMATION	E-Mail	Enter text: The e-mail address (if applicable) of the person the insurer is to contact regarding any potential claims inquiries.
INSURANCE INFORMATION	Fax	Enter number: The fax number of the person the insurer is to contact regarding any potential claims inquiries.

Section Name	Field Name	Field and/or Section Description
INSURANCE INFORMATION	Do you currently carry ERPL insurance? Yes	Check the box (if applicable): Indicates a "Yes" response to the question, "Do you currently carry ERPL Insurance?".
INSURANCE INFORMATION	No	Check the box (if applicable): Indicates a "No" response to the question, "Do you currently carry ERPL Insurance?".
INSURANCE INFORMATION	If Yes, Insurer:	Enter text: The name of the previous insurer.
INSURANCE INFORMATION	Policy Period Eff Date One	Enter date: The effective date of the prior policy. As used here, this refers to your ERPL Insurance.
INSURANCE INFORMATION	Policy Period Exp Date One	Enter date: The expiration date of the previous coverage. As used here, this refers to your ERPL Insurance.
INSURANCE INFORMATION	Premium One	Enter amount: The annual modified premium charged (not including taxes or service charges) for the specified line of business. As used here, this refers to your ERPL Insurance.
INSURANCE INFORMATION	Limit One	Enter limit: The limit amount of the prior coverage. As used here, this refers to your ERPL Insurance.
INSURANCE INFORMATION	Deductible One	Enter deductible: The deductible amount of the prior coverage. As used here, this refers to your ERPL Insurance.
INSURANCE INFORMATION	%Co-Pay1 One	Enter amount: The co-payment amount. As used here, this refers to your ERPL Insurance.
INSURANCE INFORMATION	Retro Date1 One	Enter date: The retroactive date for the policy being described. As used here, this refers to your ERPL Insurance.
INSURANCE INFORMATION	Insurer One	Enter text: The name of the previous insurer. As used here, this refers to your ERPL Insurance.
INSURANCE INFORMATION	Policy Period Eff Date Two	Enter date: The effective date of the prior policy. As used here, this refers to your ERPL Insurance.
INSURANCE INFORMATION	Policy Period Exp Date Two	Enter date: The expiration date of the previous coverage. As used here, this refers to your ERPL Insurance.
INSURANCE INFORMATION	Premium Two	Enter amount: The annual modified premium charged (not including taxes or service charges) for the specified line of business. As used here, this refers to your ERPL Insurance.
INSURANCE INFORMATION	Limit Two	Enter limit: The limit amount of the prior coverage. As used here, this refers to your ERPL Insurance.
INSURANCE INFORMATION	Deductible Two	Enter deductible: The deductible amount of the prior coverage. As used here, this refers to your ERPL Insurance.
INSURANCE INFORMATION	%Co-Pay1 Two	Enter amount: The co-payment amount. As used here, this refers to your ERPL Insurance.

Section Name	Field Name	Field and/or Section Description
INSURANCE INFORMATION	Retro Date1 Two	Enter date: The retroactive date for the policy being described. As used here, this refers to your ERPL Insurance.
INSURANCE INFORMATION	Insurer Two	Enter text: The name of the previous insurer. As used here, this refers to your ERPL Insurance.
INSURANCE INFORMATION	Policy Period Eff Date Three	Enter date: The effective date of the prior policy. As used here, this refers to your ERPL Insurance.
INSURANCE INFORMATION	Policy Period Exp Date Three	Enter date: The expiration date of the previous coverage. As used here, this refers to your ERPL Insurance.
INSURANCE INFORMATION	Premium Three	Enter amount: The annual modified premium charged (not including taxes or service charges) for the specified line of business. As used here, this refers to your ERPL Insurance.
INSURANCE INFORMATION	Limit Three	Enter limit: The limit amount of the prior coverage. As used here, this refers to your ERPL Insurance.
INSURANCE INFORMATION	Deductible Three	Enter deductible: The deductible amount of the prior coverage. As used here, this refers to your ERPL Insurance.
INSURANCE INFORMATION	%Co-Pay1 Three	Enter amount: The co-payment amount. As used here, this refers to your ERPL Insurance.
INSURANCE INFORMATION	Retro Date1 Three	Enter date: The retroactive date for the policy being described. As used here, this refers to your ERPL Insurance.
INSURANCE INFORMATION	Insurer Three	Enter text: The name of the previous insurer. As used here, this refers to your ERPL Insurance.
INSURANCE INFORMATION	Policy Period Eff Date Four	Enter date: The effective date of the prior policy. As used here, this refers to your ERPL Insurance.
INSURANCE INFORMATION	Policy Period Exp Date Four	Enter date: The expiration date of the previous coverage. As used here, this refers to your ERPL Insurance.
INSURANCE INFORMATION	Premium Four	Enter amount: The annual modified premium charged (not including taxes or service charges) for the specified line of business. As used here, this refers to your ERPL Insurance.
INSURANCE INFORMATION	Limit Four	Enter limit: The limit amount of the prior coverage. As used here, this refers to your ERPL Insurance.
INSURANCE INFORMATION	Deductible Four	Enter deductible: The deductible amount of the prior coverage. As used here, this refers to your ERPL Insurance.
INSURANCE INFORMATION	%Co-Pay1 Four	Enter amount: The co-payment amount. As used here, this refers to your ERPL Insurance.
INSURANCE INFORMATION	Retro Date1 Four	Enter date: The retroactive date for the policy being described. As used here, this refers to your ERPL Insurance.

Section Name	Field Name	Field and/or Section Description
INSURANCE INFORMATION	Insurer Four	Enter text: The name of the previous insurer. As used here, this refers to your ERPL Insurance.
INSURANCE INFORMATION	Policy Period Eff Date Five	Enter date: The effective date of the prior policy.
INSURANCE INFORMATION	Policy Period Exp Date Five	Enter date: The expiration date of the previous coverage.
INSURANCE INFORMATION	Premium Five	Enter amount: The annual modified premium charged (not including taxes or service charges) for the specified line of business.
INSURANCE INFORMATION	Limit Five	Enter limit: The limit amount of the prior coverage.
INSURANCE INFORMATION	Deductible Five	Enter deductible: The deductible amount of the prior coverage.
INSURANCE INFORMATION	% Co-Pay Five	Enter amount: The co-payment amount.
INSURANCE INFORMATION	Retro Date Five	Enter date: The retroactive date for the policy being described.
INSURANCE INFORMATION	Insurer Five	Enter text: The name of the previous insurer.
INSURANCE INFORMATION	Policy Period Eff Date Six	Enter date: The effective date of the prior policy.
INSURANCE INFORMATION	Policy Period Exp Date Six	Enter date: The expiration date of the previous coverage.
INSURANCE INFORMATION	Premium Six	Enter amount: The annual modified premium charged (not including taxes or service charges) for the specified line of business.
INSURANCE INFORMATION	Limit Six	Enter limit: The limit amount of the prior coverage.
INSURANCE INFORMATION	Deductible Six	Enter deductible: The deductible amount of the prior coverage.
INSURANCE INFORMATION	% Co-Pay Six	Enter amount: The co-payment amount.
INSURANCE INFORMATION	Retro Date Six	Enter date: The retroactive date for the policy being described.
INSURANCE INFORMATION	Insurer Six	Enter text: The name of the previous insurer.
INSURANCE INFORMATION	Policy Period Eff Date Seven	Enter date: The effective date of the prior policy.

Section Name	Field Name	Field and/or Section Description
INSURANCE INFORMATION	Policy Period Exp Date Seven	Enter date: The expiration date of the previous coverage.
INSURANCE INFORMATION	Premium Seven	Enter amount: The annual modified premium charged (not including taxes or service charges) for the specified line of business.
INSURANCE INFORMATION	Limit Seven	Enter limit: The limit amount of the prior coverage.
INSURANCE INFORMATION	Deductible Seven	Enter deductible: The deductible amount of the prior coverage.
INSURANCE INFORMATION	% Co-Pay Seven	Enter amount: The co-payment amount.
INSURANCE INFORMATION	Retro Date Seven	Enter date: The retroactive date for the policy being described.
INSURANCE INFORMATION	Insurer Seven	Enter text: The name of the previous insurer.
EMPLOYEE INFORMATION	State One	Enter code: The state or province code where the employees are located.
EMPLOYEE INFORMATION	Country One	Enter code: The country code where the employees are located.
EMPLOYEE INFORMATION	Number of Locations One	Enter number: The number of locations in the state, province, or country.
EMPLOYEE INFORMATION	Total number of employees One	Enter number: The total number of employees in the state, province or country.
EMPLOYEE INFORMATION	State Two	Enter code: The state or province code where the employees are located.
EMPLOYEE INFORMATION	Country Two	Enter code: The country code where the employees are located.
EMPLOYEE INFORMATION	Number of Locations Two	Enter number: The number of locations in the state, province, or country.
EMPLOYEE INFORMATION	Total number of employees Two	Enter number: The total number of employees in the state, province or country.
EMPLOYEE INFORMATION	State Three	Enter code: The state or province code where the employees are located.
EMPLOYEE INFORMATION	Country Three	Enter code: The country code where the employees are located.
EMPLOYEE INFORMATION	Number of Locations Three	Enter number: The number of locations in the state, province, or country.

Section Name	Field Name	Field and/or Section Description
EMPLOYEE INFORMATION	Total number of employees Three	Enter number: The total number of employees in the state, province or country.
EMPLOYEE INFORMATION	State Four	Enter code: The state or province code where the employees are located.
EMPLOYEE INFORMATION	Country Four	Enter code: The country code where the employees are located.
EMPLOYEE INFORMATION	Number of Locations Four	Enter number: The number of locations in the state, province, or country.
EMPLOYEE INFORMATION	Total number of employees Four	Enter number: The total number of employees in the state, province or country.
EMPLOYEE INFORMATION	State Five	Enter code: The state or province code where the employees are located.
EMPLOYEE INFORMATION	Country Five	Enter code: The country code where the employees are located.
EMPLOYEE INFORMATION	Number of Locations Five	Enter number: The number of locations in the state, province, or country.
EMPLOYEE INFORMATION	Total number of employees Five	Enter number: The total number of employees in the state, province or country.
EMPLOYEE INFORMATION	Subsidiaries Name One	Enter text: The name of the subsidiary of the company. This may also contain owned foundations or charitable trusts.
EMPLOYEE INFORMATION	State One	Enter code: The state or province code where the employees are located.
EMPLOYEE INFORMATION	Country One	Enter code: The country code where the employees are located.
EMPLOYEE INFORMATION	Total number of employees One	Enter number: The total number of employees in the state, province or country.
EMPLOYEE INFORMATION	Subsidiaries Name Two	Enter text: The name of the subsidiary of the company. This may also contain owned foundations or charitable trusts.
EMPLOYEE INFORMATION	State Two	Enter code: The state or province code where the employees are located.
EMPLOYEE INFORMATION	Country Two	Enter code: The country code where the employees are located.
EMPLOYEE INFORMATION	Total number of employees Two	Enter number: The total number of employees in the state, province or country.
EMPLOYEE INFORMATION	Subsidiaries Name Three	Enter text: The name of the subsidiary of the company. This may also contain owned foundations or charitable trusts.

Section Name	Field Name	Field and/or Section Description
EMPLOYEE INFORMATION	State Three	Enter code: The state or province code where the employees are located.
EMPLOYEE INFORMATION	Country Three	Enter code: The country code where the employees are located.
EMPLOYEE INFORMATION	Total number of employees Three	Enter number: The total number of employees in the state, province or country.
EMPLOYEE INFORMATION	Subsidiaries Name Four	Enter text: The name of the subsidiary of the company. This may also contain owned foundations or charitable trusts.
EMPLOYEE INFORMATION	State Four	Enter code: The state or province code where the employees are located.
EMPLOYEE INFORMATION	Country Four	Enter code: The country code where the employees are located.
EMPLOYEE INFORMATION	Total number of employees Four	Enter number: The total number of employees in the state, province or country.
EMPLOYEE INFORMATION	Subsidiaries Name Five	Enter text: The name of the subsidiary of the company. This may also contain owned foundations or charitable trusts.
EMPLOYEE INFORMATION	State Five	Enter code: The state or province code where the employees are located.
EMPLOYEE INFORMATION	Country Five	Enter code: The country code where the employees are located.
EMPLOYEE INFORMATION	Total number of employees Five	Enter number: The total number of employees in the state, province or country.
REMARKS	Remarks	Enter text: The general remarks associated with the employment related practices liability line of business. List any additional, pertinent information that the underwriter should know about the overall exposures of this risk.
IDENTIFICATION	Agency Customer ID	Enter identifier: The customer's identification number assigned by the producer (e.g. agency or brokerage).
EMPLOYEE INFORMATION (continued)	Total Number of U.S. Employees Full Time	Enter number: The number of full time employees in the USA.
EMPLOYEE INFORMATION (continued)	Total Number of U.S. Employees Part Time:	Enter number: The number of part time employees in the USA.
EMPLOYEE INFORMATION (continued)	Total Number of U.S. Employees Temporary:	Enter number: The number of temporary employees in the USA.

Section Name	Field Name	Field and/or Section Description
EMPLOYEE INFORMATION (continued)	Total Number of U.S. Employees Seasonal:	Enter number: The number of seasonal employees in the USA.
EMPLOYEE INFORMATION (continued)	Total number of fair labor standards act exempt employees	Enter number: The number of fair labor standards act exempt employees.
EMPLOYEE INFORMATION (continued)	Total number of fair labor standards act non-exempt employees	Enter number: The number of fair labor standards act non-exempt employees.
EMPLOYEE INFORMATION (continued)	Total number of unionized employees in the USA	Enter number: The number of unionized employees in the USA.
EMPLOYEE INFORMATION (continued)	Total Number of Non- U.S. Employees Full Time:	Enter number: The number of full time employees outside the USA.
EMPLOYEE INFORMATION (continued)	Total Number of Non- U.S. Employees Part Time:	Enter number: The number of part time employees outside the USA.
EMPLOYEE INFORMATION (continued)	Total Number of Non- U.S. Employees Temporary:	Enter number: The number of temporary employees outside the USA.
EMPLOYEE INFORMATION (continued)	Total Number of Non- U.S. Employees Seasonal:	Enter number: The number of seasonal employees outside the USA.
EMPLOYEE INFORMATION (continued)	Total Number of All Employees Past 3 Years Year One	Enter year: The year associated with the employee information.
EMPLOYEE INFORMATION (continued)	Total Number of All Employees Past 3 Years Total # One	Enter number: The total number of employees in the state, province or country.
EMPLOYEE INFORMATION (continued)	Total Number of All Employees Past 3 Years Year Two	Enter year: The year associated with the employee information.
EMPLOYEE INFORMATION (continued)	Total Number of All Employees Past 3 Years Total # Two	Enter number: The total number of employees in the state, province or country.

Section Name	Field Name	Field and/or Section Description
EMPLOYEE INFORMATION (continued)	Total Number of All Employees Past 3 Years Year Three	Enter year: The year associated with the employee information.
EMPLOYEE INFORMATION (continued)	Total Number of All Employees Past 3 Years Total # Three	Enter number: The total number of employees in the state, province or country.
EMPLOYEE INFORMATION (continued)	% Turnover Year One	Enter year: The year associated with the employee information.
EMPLOYEE INFORMATION (continued)	% Turnover % One	Enter percentage: The annual percentage of employee turnover.
EMPLOYEE INFORMATION (continued)	% Turnover Year Two	Enter year: The year associated with the employee information.
EMPLOYEE INFORMATION (continued)	% Turnover % Two	Enter percentage: The annual percentage of employee turnover.
EMPLOYEE INFORMATION (continued)	% Turnover Year Three	Enter year: The year associated with the employee information.
EMPLOYEE INFORMATION (continued)	% Turnover % Three	Enter percentage: The annual percentage of employee turnover.
EMPLOYEE INFORMATION (continued)	Total number of employee-initiated terminations in the last 3 years Year One	Enter year: The year associated with the employee information.
EMPLOYEE INFORMATION (continued)	Total number of employee-initiated terminations in the last 3 years Total # One	Enter number: The number of employee initiated terminations.
EMPLOYEE INFORMATION (continued)	Total number of employee-initiated terminations in the last 3 years Year Two	Enter year: The year associated with the employee information.
EMPLOYEE INFORMATION (continued)	Total number of employee-initiated terminations in the last 3 years Total # Two	Enter number: The number of employee initiated terminations.

Section Name	Field Name	Field and/or Section Description
EMPLOYEE INFORMATION (continued)	Total number of employee-initiated terminations in the last 3 years Year Three	Enter year: The year associated with the employee information.
EMPLOYEE INFORMATION (continued)	Total number of employee-initiated terminations in the last 3 years Total # Three	Enter number: The number of employee initiated terminations.
EMPLOYEE INFORMATION (continued)	Percentage of employees with salaries Less than \$50,000:	Enter percentage: The percentage of employees with a salary less than \$50,000.
EMPLOYEE INFORMATION (continued)	Percentage of employees with salaries \$50,000-\$100,000:	Enter percentage: The percentage of employees with a salary of \$50,000 - \$100,000.
EMPLOYEE INFORMATION (continued)	Percentage of employees with salaries Greater Than \$100,000:	Enter percentage: The percentage of employees with a salary over \$100,000.
EMPLOYMENT POLICY AND PRACTICES	Name One	Enter text: The full name of the contact. As used here, this is the contact that has overall responsibility for the human resources or personnel.
EMPLOYMENT POLICY AND PRACTICES	Title One	Enter number: The title of the contact for the named insured. As used here, this is the contact that has overall responsibility for the human resources or personnel.
EMPLOYMENT POLICY AND PRACTICES	Name Two	Enter text: The full name of the contact. As used here, this is a contact for employment related incidents.
EMPLOYMENT POLICY AND PRACTICES	Title Two	Enter number: The title of the contact for the named insured. As used here, this is a contact for employment related incidents.
EMPLOYMENT POLICY AND PRACTICES	Name Three	Enter text: The full name of the contact. As used here, this is a contact for employment related incidents.
EMPLOYMENT POLICY AND PRACTICES	Title Three	Enter number: The title of the contact for the named insured. As used here, this is a contact for employment related incidents.
EMPLOYMENT POLICY AND PRACTICES	Name Four	Enter text: The full name of the contact. As used here, this is a contact for employment related incidents.
EMPLOYMENT POLICY AND PRACTICES	Title Four	Enter number: The title of the contact for the named insured. As used here, this is a contact for employment related incidents.
EMPLOYMENT POLICY AND PRACTICES	Do you use an Employment Application during your hiring process? If Yes, answer A-D below	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Do you use an employment application during your hiring process?"

Section Name	Field Name	Field and/or Section Description
EMPLOYMENT POLICY AND PRACTICES	Does your application contain an employment at will statement?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Does your application contain an employment at will statement?".
EMPLOYMENT POLICY AND PRACTICES	Does your application include authorization to check references and criminal conviction records?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Does your application include authorization to check references and criminal conviction records?".
EMPLOYMENT POLICY AND PRACTICES	Does your application require a signature attesting that all representations are true?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Does your application require a signature attesting that all representations are true? Indicates the response to the question, "Does your application include authorization to check references and criminal conviction records?".
EMPLOYMENT POLICY AND PRACTICES	Does your application contain an equal opportunity employment statement?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Does your application contain an equal opportunity employment statement?".
EMPLOYMENT POLICY AND PRACTICES	Do you distribute an employment handbook to all employees?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Do you distribute an employment handbook to all employees?".
EMPLOYMENT POLICY AND PRACTICES	If Yes, does it contain an employment-at-will statement?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, " Does your employee handbook contain an employment-at-will statement?".
EMPLOYMENT POLICY AND PRACTICES	Do you have an employment opportunity statement?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Do you have an employment opportunity statement?".
EMPLOYMENT POLICY AND PRACTICES	Do you have a written anti-sexual harassment policy?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Do you have a written anti-sexual harassment policy?".
EMPLOYMENT POLICY AND PRACTICES	Do you have a written grievance procedure?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, " Do you have a written grievance procedure?"
EMPLOYMENT POLICY AND PRACTICES	Do you have a progressive disciplinary program?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, Do you have a progressive disciplinary program?".
EMPLOYMENT POLICY AND PRACTICES	Do you post, in places conspicuous to all employees and applicants for employment, all notices required by law?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Do you post, in places conspicuous to all employees and applicants for employment, all notices required by law?"

Section Name	Field Name	Field and/or Section Description
EMPLOYMENT POLICY AND PRACTICES	When requested by employees, Do you distribute information as required by federal law regarding the family medical leave act to all employees?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "When requested by employees, do you distribute information as required by federal law regarding the family medical leave act to all employees?"
EMPLOYMENT POLICY AND PRACTICES	Do you require that all employment terminations be reviewed by the human resources department/personnel having human resources responsibilities?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Do you require that all employment terminations be reviewed by the human resources department / personnel having human resources responsibilities?"
EMPLOYMENT POLICY AND PRACTICES	Do you provide written performance evaluations for all your employees?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Do you provide written performance evaluations for all your employees?"
EMPLOYMENT POLICY AND PRACTICES	How often?	Enter text: An explanation of any written performance evaluations for all your employees.
EMPLOYMENT POLICY AND PRACTICES	Do your supervisory employees receive training in the proper method of conducting performance appraisals?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Do your supervisory employees receive training in the proper method of conducting performance appraisals?"
EMPLOYMENT POLICY AND PRACTICES	Is there a formal orientation program for new employees?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Is there a formal orientation program for new employees?"
EMPLOYMENT POLICY AND PRACTICES	Is there a formal out-placement program which assists former employees in obtaining alternate employment?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Is there a formal out-placement program which assists former employees in obtaining alternate employment?"
EMPLOYMENT POLICY AND PRACTICES	Do you use any tests for screening applicants or for continued employment?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Do you use any tests for screening applicants or for continued employment?"
REMARKS	Remarks	Enter text: The general remarks associated with the employment related practices liability line of business. List any additional, pertinent information that the underwriter should know about the overall exposures of this risk.
IDENTIFICATION	Agency Customer ID	Enter identifier: The customer's identification number assigned by the producer (e.g. agency or brokerage).

Section Name	Field Name	Field and/or Section Description
EMPLOYMENT POLICY AND PRACTICES	Have you had any home or branch office closings, consolidations, layoffs/staff reduction, mergers or acquisitions within the past 24 months? If yes, please provide details	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Have you had any home or branch office closings, consolidations, layoffs / staff reductions, mergers or acquisitions within the past mandated period of time?"
CORPORATE HISTORY	Description	Enter text: An explanation of any home or branch office closings, consolidations, layoffs/staff reduction, mergers or acquisitions within the past 24 months.
EMPLOYMENT POLICY AND PRACTICES	Do you anticipate any home or branch office closings, consolidations, layoffs/staff reductions, mergers or acquisitions within the next 24 months? If yes, please provide details.	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Do you anticipate any home or branch office closings, consolidations, layoffs / staff reductions, mergers or acquisitions with the next mandated period of time?"
CORPORATE HISTORY	Description	Enter text: An explanation of any home or branch office closings, consolidations, layoffs/staff reductions, mergers or acquisitions within the next 24 months.
EMPLOYMENT POLICY AND PRACTICES	Are you presently subject to any judicial or administrative order, decree, judgment or conciliation agreement relating to employment? If yes, please attach a copy.	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Are you presently subject to any judicial or administrative order, decree, judgment or conciliation agreement relating to employment?"
EMPLOYMENT POLICY AND PRACTICES	Are you aware of any circumstances with the potential to give rise to a claim under this policy? If yes, please provide details on a separate sheet of paper.	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Are you aware of any circumstances with the potential to give rise to a claim under this policy?"
RECENT EMPLOYMENT-RELATED ISSUES	It is agreed that any claim(s) arising from any facts, circumstances or situations mentioned in 1, 2 or 3 above are excluded from coverage (initials)	Initial here: The named insured's initials. As used here, indicates that it is agreed that any claims arising from any facts, circumstances or situations mentioned in 1, 2, or 3 above are excluded from coverage.

Section Name	Field Name	Field and/or Section Description
ATTACHMENTS	Employment application	Check the box (if applicable): Indicates an employment application is attached.
ATTACHMENTS	Employee Disciplinary Procedures	Check the box (if applicable): Indicates the employee disciplinary procedures are attached.
ATTACHMENTS	Employee Grievance Procedures	Check the box (if applicable): Indicates the employee grievance procedures are attached.
ATTACHMENTS	Employee handbook/manual	Check the box (if applicable): Indicates the employee handbook / manual is attached.
ATTACHMENTS	Employee Performance evaluation forms	Check the box (if applicable): Indicates the employee performance evaluation is attached.
ATTACHMENTS	EEO and sexual harassment policy	Check the box (if applicable): Indicates the equal employment opportunities (EEO) and sexual harassment policy is attached.
ATTACHMENTS	Out placement program	Check the box (if applicable): Indicates the outplacement program is attached.
ATTACHMENTS	Latest EEO-1	Check the box (if applicable): Indicates the latest EEO-1 is attached.
ATTACHMENTS	Latest Annual report	Check the box (if applicable): Indicates the latest annual report is attached.
ATTACHMENTS	Other	Check the box (if applicable): Indicates there is an attachment other than those listed.
ATTACHMENTS	Describe Other	Enter text: The description of the attachment.
SIGNATURES	Name	Enter text: The full name of the contact. As used here, this is the individual responsible for human resources function.
SIGNATURES	Signature	Sign here: Accommodates the signature of the applicant or named insured. As used here, this is the individual responsible for human resources function.
SIGNATURES	Date	Enter date: The date the form was signed by the named insured. As used here, this is the individual responsible for human resources function.
SIGNATURES	Name	Enter text: The full name of the contact. As used here, this is the president or chairman.
SIGNATURES	Signature	Sign here: Accommodates the signature of the applicant or named insured. As used here, this is the president or chairman.
SIGNATURES	Date	Enter date: The date the form was signed by the named insured. As used here, this is the president or chairman.
REMARKS	Remarks	Enter text: The general remarks associated with the employment related practices liability line of business. List any additional, pertinent information that the underwriter should know about the overall exposures of this risk.
Edition	Date	The edition identifier of the form including the form number and edition (the date is typically formatted YYYY/MM).