

ACORD 188 MT (2014/12) - Montana Employment Related Practices Liability Section

ACORD 188 MT, Montana Employment Related Practices Liability Section, is used to apply for Employment Related Practices Liability coverage in Montana.

This form should be used in conjunction with ACORD 125, Commercial Insurance Application, Applicant Information Section.

Form Page 1

Section Name	Field Name	Description
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 date 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. (MM/DD/YYYY)
IDENTIFICATION	Proposed Expiration Date	Enter date: The date on which the terms and conditions of the policy will expire. (MM/DD/YYYY)
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	1. 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.
INSURANCE INFORMATION	2. 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-Pay One	Enter amount: The co-payment amount. As used here, this refers to your ERPL Insurance.
INSURANCE INFORMATION	Retro Date 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-Pay Two	Enter amount: The co-payment amount. As used here, this refers to your ERPL Insurance.
INSURANCE INFORMATION	Retro Date 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-Pay Three	Enter amount: The co-payment amount. As used here, this refers to your ERPL Insurance.
INSURANCE INFORMATION	Retro Date 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.
INSURANCE INFORMATION	Policy Period - Exp Date Four	Enter date: The expiration date of the previous coverage.
INSURANCE INFORMATION	Premium Four	Enter amount: The annual modified premium charged (not including taxes or service charges) for the specified line of business.
INSURANCE INFORMATION	Limit Four	Enter limit: The limit amount of the prior coverage.
INSURANCE INFORMATION	Deductible Four	Enter deductible: The deductible amount of the prior coverage.
INSURANCE INFORMATION	% Co-Pay Four	Enter amount: The co-payment amount.
INSURANCE INFORMATION	Retro Date Four	Enter date: The retroactive date for the policy being described.
INSURANCE INFORMATION	Insurer Four	Enter text: The name of the previous insurer.
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.
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.
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.
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	Total Number of U.S. Employees Full Time	Enter number: The number of full time employees in the USA.
EMPLOYEE INFORMATION	Total Number of U.S. Employees Part Time:	Enter number: The number of part time employees in the USA.
EMPLOYEE INFORMATION	Total Number of U.S. Employees Temporary:	Enter number: The number of temporary employees in the USA.
EMPLOYEE INFORMATION	Total Number of U.S. Employees Seasonal:	Enter number: The number of seasonal employees in the USA.
EMPLOYEE INFORMATION	Total number of fair labor standards act exempt employees	Enter number: The number of fair labor standards act exempt employees.
EMPLOYEE INFORMATION	Total number of fair labor standards act non-exempt employees	Enter number: The number of fair labor standards act non-exempt employees.
EMPLOYEE INFORMATION	Total number of unionized employees in the USA	Enter number: The number of unionized employees in the USA.
EMPLOYEE INFORMATION	Total Number of Non- U.S. Employees Full Time:	Enter number: The number of full time employees outside the USA.
EMPLOYEE INFORMATION	Total Number of Non- U.S. Employees Part Time:	Enter number: The number of part time employees outside the USA.
EMPLOYEE INFORMATION	Total Number of Non- U.S. Employees Temporary:	Enter number: The number of temporary employees outside the USA.
EMPLOYEE INFORMATION	Total Number of Non- U.S. Employees Seasonal:	Enter number: The number of seasonal employees outside the USA.

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

EMPLOYEE INFORMATION	Total number of employee-initiated terminations in the last three (3) years - Year Two	Enter year: The year associated with the employee information.
EMPLOYEE INFORMATION	Total number of employee-initiated terminations in the last three (3) years - Total # Two	Enter number: The number of employee-initiated terminations.
EMPLOYEE INFORMATION	Total number of employee-initiated terminations in the last three (3) years - Year Three	Enter year: The year associated with the employee information.
EMPLOYEE INFORMATION	Total number of employee-initiated terminations in the last three (3) years - Total # Three	Enter number: The number of employee-initiated terminations.
EMPLOYEE INFORMATION	Percentage of employees with salaries less than \$50,000:	Enter percentage: The percentage of employees with a salary less than \$50,000.
EMPLOYEE INFORMATION	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	Percentage of employees with salaries greater than \$100,000:	Enter percentage: The percentage of employees with a salary over \$100,000.

Form Page 2

Section Name	Field Name	Description
IDENTIFICATION	Agency Customer ID	Enter identifier: The customer's identification number assigned by the producer (e.g., agency or brokerage).
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	3. Do you use an Employment Application during your hiring process? If Yes, answer A-D	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?"
EMPLOYMENT POLICY AND PRACTICES	3A. 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	3B. 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	3C. 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?"
EMPLOYMENT POLICY AND PRACTICES	3D..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	4. 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	4A. 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	5. 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	6. 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	7. 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	8. 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	9. 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?"
EMPLOYMENT POLICY AND PRACTICES	10. 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	11. 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	12. 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 the frequency in which written performance evaluations are provided for all your employees.

EMPLOYMENT POLICY AND PRACTICES	13. 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	14. 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	15. 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	16. 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?"
CORPORATE HISTORY	1. 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 24 months?"
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.
CORPORATE HISTORY	2. 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 within the next 24 months?"
CORPORATE HISTORY	Description	Enter text: An explanation of any anticipated home or branch office closings, consolidations, layoffs / staff reductions, mergers or acquisitions within the next 24 months.

RECENT EMPLOYMENT-RELATED ISSUES	2. 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?"
RECENT EMPLOYMENT-RELATED ISSUES	3. 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.
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.

Form Page 3

Section Name	Field Name	Description
IDENTIFICATION SECTION	Agency Customer ID	Enter identifier: The customer's identification number assigned by the producer (e.g., agency or brokerage).
ATTACHMENTS	Employment Application	Check the box (if applicable): Indicates an employment application is attached.
ATTACHMENTS	Employee Grievance Procedures	Check the box (if applicable): Indicates the employee grievance procedures are attached.
ATTACHMENTS	Employee Performance Evaluation Forms	Check the box (if applicable): Indicates the employee performance evaluation form is attached.
ATTACHMENTS	Outplacement Program	Check the box (if applicable): Indicates the outplacement program is attached.
ATTACHMENTS	Latest Annual Report	Check the box (if applicable): Indicates the latest annual report is attached.

ATTACHMENTS	Employee Disciplinary Procedures	Check the box (if applicable): Indicates the employee disciplinary procedures are attached.
ATTACHMENTS	Employee Handbook / Manual	Check the box (if applicable): Indicates the employee handbook / manual 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	Latest EEO-1	Check the box (if applicable): Indicates the latest EEO-1 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. (MM/DD/YYYY) 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. (MM/DD/YYYY) As used here, this is the president or chairman.
SIGNATURE / DISCLOSURE / CONSENT	Producer's Signature	Sign here: Accommodates the signature of the authorized representative (e.g., producer, agent, broker, etc.) of the company(ies) listed on the document. This is required in most states.
SIGNATURE / DISCLOSURE / CONSENT	Producer's Name	Enter text: The name of the authorized representative of the producer, agency and/or broker that signed the form.
SIGNATURE / DISCLOSURE / CONSENT	State Producer License No	Enter identifier: The State License Number of the producer.
SIGNATURE / DISCLOSURE / CONSENT	Applicant's Signature	Sign here: Accommodates the signature of the applicant or named insured.
SIGNATURE / DISCLOSURE / CONSENT	Date	Enter date: The date the form was signed by the named insured. (MM/DD/YYYY)
SIGNATURE / DISCLOSURE / CONSENT	National Producer Number	Enter identifier: The National Producer Number (NPN) as defined in the National Insurance Producer Registry (NIPR). Note: The NPN is not the same as the producer state license number.