ACORD 827 MN (2016/03) - Minnesota Employment Practices Liability Insurance Section

ACORD 827 MN, Minnesota Employment Practices Liability Insurance Section, is used to apply for employment practices liability insurance coverage in Minnesota.

The form was designed to be used in conjunction with ACORD 825, Professional / Specialty Insurance Application. This form must be attached to ACORD 825 for a completed application submission. Alternatively, this form may also be attached to ACORD 125, Commercial Insurance Application.

Form Page 1

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).
IDENTIFICATION SECTION	**Date**	Enter date: The date on which the form is completed. (MM/DD/YYYY)
IDENTIFICATION SECTION	**Agency**	Enter text: The full name of the producer / agency.
IDENTIFICATION SECTION	**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 SECTION	**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 SECTION	**NAIC Code**	Enter code: The identification code assigned to the insurer by the National Association of Insurance Commissioners (NAIC).
IDENTIFICATION SECTION	**Named Insured**	Enter text: The named insured(s) as it / they will appear on the policy declarations page.
IDENTIFICATION SECTION	**DBA**	Enter text: The name by which an organization is doing business.
COVERAGE REQUESTED	**Limit Per Claim**	Enter limit: The per claim limit for liability coverage.
COVERAGE REQUESTED	**Aggregate Limit**	Enter limit: The aggregate limit for liability coverage.
COVERAGE REQUESTED	**Retention Per Claim**	Enter amount: The per claim retention amount for liability coverage.
COVERAGE REQUESTED	**Aggregate Retention**	Enter amount: The aggregate retention amount for liability coverage.
COVERAGE REQUESTED	**Annual Premium**	Enter amount: The annual modified premium charged for the EPLI line of business.
COVERAGE REQUESTED	**Effective Date**	Enter date: The effective date of the policy. The date that the terms and conditions of the policy commence. (MM/DD/YYYY) As used here, 12:01 AM at the principal address of the applicant.

COVERAGE REQUESTED	Expiration Date	Enter date: The date on which the terms and conditions of the policy will expire. (MM/DD/YYYY) As used here, 12:01 AM at the principal address of the applicant.
COVERAGE REQUESTED	Separate Defense Costs Limit (Y / N)	Enter Y for a "Yes" response. Input N for "No" response. Indicates if there is a separate defense costs limit for the coverage.
COVERAGE REQUESTED	Separate Defense Costs Limit	Enter limit: The separate defense costs limit amount.
COVERAGE REQUESTED	Defense Limit - Inside	Check the box (if applicable): Indicates there is an inside defense limit.
COVERAGE REQUESTED	Defense Limit - Outside	Check the box (if applicable): Indicates there is an outside defense limit.
COVERAGE REQUESTED	Pending & Prior Litigation Date	Enter date: The pending and prior litigation date.
COVERAGE REQUESTED	1. Is the applicant requesting coverage for company and directors & officers?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Is the applicant requesting coverage for company and directors & officers?".
COVERAGE REQUESTED	2. Is the applicant requesting coverage for employees?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Is the applicant requesting coverage for employees?".
COVERAGE REQUESTED	Number Of Full Time Employees	Enter number: The number of full time employees.
COVERAGE REQUESTED	Number Of Part Time Employees	Enter number: The number of part time employees.
COVERAGE REQUESTED	Number Of Temporary Workers	Enter number: The number of employees that are temporary workers.
COVERAGE REQUESTED	Number Of Seasonal Workers	Enter number: The number of seasonal employees.
COVERAGE REQUESTED	3. Is the applicant requesting coverage for leased employees?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Is the applicant requesting coverage for leased employees?".
COVERAGE REQUESTED	Total Number of Leased Employees	Enter number: The number of leased employees.
COVERAGE REQUESTED	4. Is the applicant requesting coverage for independent contractors?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Is the applicant requesting coverage for independent contractors?".

COVERAGE REQUESTED	Total Number Of Independent Contractors	Enter number: The number of independent contractors.
COVERAGE REQUESTED	5. Is the applicant requesting coverage for non-profit outside positions?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Is the applicant requesting coverage for non-profit outside positions?".
COVERAGE REQUESTED	Total Number Of Volunteers	Enter number: The number of volunteer employees.
COVERAGE REQUESTED	6. Is the applicant requesting coverage for punitive damages?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Is the applicant requesting coverage for punitive damages?".
COVERAGE REQUESTED	Punitive Damages Limit	Enter limit: The limit amount for punitive damages coverage.
COVERAGE REQUESTED	7. Is the applicant requesting coverage for third party claim?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Is the applicant requesting coverage for third party claim?".
SHARED LIMITS	Shared Limits Y / N	Enter Y for a "Yes" response. Input N for "No" response. Indicates if there are shared limits.
SHARED LIMITS	Additional Coverages Attached Y / N	Enter Y for a "Yes" response. Input N for "No" response. Indicates if there are additional coverages attached.
SHARED LIMITS	D&O Liability	Check the box (if applicable): Indicates the Directors And Officers section is attached to the application. As used here, check all additional forms that are attached to complete the submission. If there are any other additional forms attached but not listed, enter the form number next to the blank check box. Additional ACORD forms, such as state-specific forms, may also be filled in.
SHARED LIMITS	EPLI	Check the box (if applicable): Indicates the Employment Practices Liability Insurance (EPLI) section is attached to the application.
SHARED LIMITS	Prof Liability	Check the box (if applicable): Indicates the Professional Liability section is attached to the application.
SHARED LIMITS	Crime	Check the box (if applicable): Indicates the Crime section is attached to the application.
SHARED LIMITS	Fiduciary	Check the box (if applicable): Indicates the Fiduciary section is attached to the application.
SHARED LIMITS	Other	Check the box (if applicable): Indicates that a section other than those listed is attached to the application.
SHARED LIMITS	Describe Other	Enter text: The type of section being attached to the application.
EMPLOYEE INFORMATION	In United States	Enter number: The number of employees in the USA. As used here, include employees in parent company and all subsidiaries.

EMPLOYEE INFORMATION	**Outside United States**	Enter number: The number of employees outside the USA. As used here, include employees in parent company and all subsidiaries.
EMPLOYEE INFORMATION	**Unionized**	Enter number: The number of unionized employees. As used here, include employees in parent company and all subsidiaries.
EMPLOYEE INFORMATION	**Fair Labor Standards Act Exempt**	Enter number: The number of Fair Labor Standards Act exempt employees. As used here, include employees in parent company and all subsidiaries.
EMPLOYEE INFORMATION	**Fair Labor Standards Act Non Exempt**	Enter number: The number of Fair Labor Standards Act non-exempt employees. As used here, include employees in parent company and all subsidiaries.
EMPLOYEE INFORMATION	**Exempt - Less Than Or Equal To $50,000**	Enter percentage: The percentage of employees with a salary less than or equal to $50,000. As used here, this is for exempt employees. The salary is including bonuses.
EMPLOYEE INFORMATION	**Exempt - Greater Than $50,000 But Less Than Or Equal To $100,000**	Enter percentage: The percentage of employees with a salary greater than $50,000 but less than or equal to $100,000. As used here, this is for exempt employees. The salary is including bonuses.
EMPLOYEE INFORMATION	**Exempt - Greater Than $100,000**	Enter percentage: The percentage of employees with a salary over $100,000. As used here, this is for exempt employees. The salary is including bonuses.
EMPLOYEE INFORMATION	**Non Exempt - Less Than Or Equal To $50,000**	Enter percentage: The percentage of employees with a salary less than or equal to $50,000. As used here, this is for non-exempt employees. The salary is including bonuses.
EMPLOYEE INFORMATION	**Non Exempt - Greater Than $50,000 But Less Than Or Equal To $100,000**	Enter percentage: The percentage of employees with a salary greater than $50,000 but less than or equal to $100,000. As used here, this is for non-exempt employees. The salary is including bonuses.
EMPLOYEE INFORMATION	**Non Exempt - Greater Than $100,000**	Enter percentage: The percentage of employees with a salary over $100,000. As used here, this is for non-exempt employees. The salary is including bonuses.
EMPLOYEE INFORMATION	**Union - Less Than Or Equal To $50,000**	Enter percentage: The percentage of employees with a salary less than or equal to $50,000. As used here, this is for union employees. The salary is including bonuses.
EMPLOYEE INFORMATION	**Union - Greater Than $50,000 But Less Than Or Equal To $100,000**	Enter percentage: The percentage of employees with a salary greater than $50,000 but less than or equal to $100,000. As used here, this is for union employees. The salary is including bonuses.
EMPLOYEE INFORMATION	**Union - Greater Than $100,000**	Enter percentage: The percentage of employees with a salary over $100,000. As used here, this is for union employees. The salary is including bonuses.
EMPLOYEE INFORMATION	**1. Does the applicant have any employees located outside the primary state of operations, including outside of the United States?**	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Does the applicant have any employees located outside the primary state of operations, including outside of the United States?". As used here, if "Yes", list the state or country and the number of employees.

EMPLOYEE INFORMATION	State	Enter code: The state or province code where the employees are located.
EMPLOYEE INFORMATION	Country	Enter code: The country code where the employees are located.
EMPLOYEE INFORMATION	Number Of Employees	Enter number: The total number of employees in the state, province or country.
EMPLOYEE INFORMATION	State	Enter code: The state or province code where the employees are located.
EMPLOYEE INFORMATION	Country	Enter code: The country code where the employees are located.
EMPLOYEE INFORMATION	Number Of Employees	Enter number: The total number of employees in the state, province or country.
EMPLOYEE INFORMATION	State	Enter code: The state or province code where the employees are located.
EMPLOYEE INFORMATION	Country	Enter code: The country code where the employees are located.
EMPLOYEE INFORMATION	Number Of Employees	Enter number: The total number of employees in the state, province or country.
EMPLOYEE INFORMATION	State	Enter code: The state or province code where the employees are located.
EMPLOYEE INFORMATION	Country	Enter code: The country code where the employees are located.
EMPLOYEE INFORMATION	Number Of Employees	Enter number: The total number of employees in the state, province or country.
EMPLOYEE INFORMATION	2. Does the applicant have a tracking system that monitors the overtime, vacation and sick pay hours of non-exempt employees?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Does the applicant have a tracking system that monitors the overtime, vacation and sick pay hours of non-exempt employees?".
EMPLOYEE INFORMATION	3. Were any employees or officers terminated or do you plan in the next 18 months to terminate any employees or officers?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Were any employees or officers terminated or do you plan in the next 18 months to terminate any employees or officers?". As used here, if "Yes", enter how many and provide details.
EMPLOYEE INFORMATION	How Many?	Enter number: The number of employees or officers terminated in the specified period of time.
EMPLOYEE INFORMATION	Provide Details	Enter text: An explanation as to whether there have been any employees or officers terminated or any plans to terminate any employees or officers in the next 18 months.
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 2

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).
FINANCIAL STATEMENT INFORMATION	Date Financial Information Prepared	Enter date: The date the financial information was prepared. (MM/DD/YYYY)
FINANCIAL INFORMATION	Outside Auditor	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Outside Auditor?".
FINANCIAL INFORMATION	1. Any changes to the outside financial auditor in the last three (3) years? (Y / N)	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Any changes to the outside financial auditor in the last specified number of years?".
FINANCIAL INFORMATION	2. Has any auditor issued a "Going Concern" opinion for the applicants or any of its subsidiaries financial statements? (Y / N)	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Has any auditor issued a "Going Concern" opinion for the applicants or any of its subsidiaries financial statements?".
FINANCIAL STATEMENT INFORMATION	Current Year:	Enter year: The year of the current financial information.
FINANCIAL STATEMENT INFORMATION	Period of Financial Information From:	Enter date: The starting date of the financial information. (MM/DD/YYYY)
FINANCIAL STATEMENT INFORMATION	Period of Financial Information To:	Enter date: The end date of the financial information. (MM/DD/YYYY)
FINANCIAL STATEMENT INFORMATION	Current Year: Total Assets	Enter amount: The total assets of the organization for the current year.
FINANCIAL STATEMENT INFORMATION	Current Year: Current Assets	Enter amount: The amount of assets that are cash or are convertible into cash at short notice for the current year.
FINANCIAL STATEMENT INFORMATION	Current Year: Inventory	Enter amount: The inventory amount for the current year.
FINANCIAL STATEMENT INFORMATION	Current Year: Cash	Enter amount: The cash amount for the current year.
FINANCIAL STATEMENT INFORMATION	Current Year: Current Liabilities	Enter amount: The amount of debt that becomes due within one year for the current year.
FINANCIAL STATEMENT INFORMATION	Current Year: Total Liabilities	Enter amount: The total liabilities of the organization for the current year.
FINANCIAL STATEMENT INFORMATION	Current Year: Total Revenue	Enter amount: The total revenue for the organization for the current year.

FINANCIAL STATEMENT INFORMATION	Current Year: Net Income / Loss	Enter amount: The excess amount of revenue over expenses for the current year. This may be a net loss amount.
FINANCIAL STATEMENT INFORMATION	Prior Year:	Enter year: The year of the prior financial information.
FINANCIAL STATEMENT INFORMATION	Period of Financial Information From:	Enter date: The starting date of the financial information. (MM/DD/YYYY)
FINANCIAL STATEMENT INFORMATION	Period of Financial Information To:	Enter date: The end date of the financial information. (MM/DD/YYYY)
FINANCIAL STATEMENT INFORMATION	Prior Year: Total Assets	Enter amount: The total assets of the organization for the prior year.
FINANCIAL STATEMENT INFORMATION	Prior Year: Current Assets	Enter amount: The amount of assets that are cash or are convertible into cash at short notice for the prior year.
FINANCIAL STATEMENT INFORMATION	Prior Year: Inventory	Enter amount: The inventory amount for the prior year.
FINANCIAL STATEMENT INFORMATION	Prior Year: Cash	Enter amount: The cash amount for the prior year.
FINANCIAL STATEMENT INFORMATION	Prior Year: Current Liabilities	Enter amount: The amount of debt that becomes due within one year for the prior year.
FINANCIAL STATEMENT INFORMATION	Prior Year: Total Liabilities	Enter amount: The total liabilities of the organization for the prior year.
FINANCIAL STATEMENT INFORMATION	Prior Year: Total Revenue	Enter amount: The total revenue for the organization for the prior year.
FINANCIAL STATEMENT INFORMATION	Prior Year: Net Income / Loss	Enter amount: The excess amount of revenue over expenses for the prior year. This may be a net loss amount.
CORPORATE HISTORY	1. Has the applicant had any actual or attempted merger, acquisition, consolidation or divestment in the past six (6) years or anticipated in the next 18 months?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Has the applicant had any actual or attempted merger, acquisition, consolidation or divestment in the past mandated number of years or anticipated in the next mandated number of months?".
CORPORATE HISTORY	If "Yes", provide actual or anticipated date of action and details.	Enter text: An explanation as to whether the applicant has had any actual or attempted merger, acquisition, consolidation or divestment in the past six (6) years or anticipated in the next 18 months. If "YES", provide actual or anticipated date of action.

CORPORATE HISTORY	2. Has the applicant in the past 36 months completed or agreed to, or anticipate within the next 18 months, any plant, facility, branch or office closings, consolidations or layoffs?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Has the applicant in the past mandated time completed or agreed to, or does it anticipate within the next mandated time, any plant, facility, branch or office closings, consolidations or layoffs?".
CORPORATE HISTORY	If "Yes", provide actual or anticipated date of action and details.	Enter text: An explanation as to whether the applicant has completed or agreed to or anticipates within the next 18 months, any plant, facility, branch or office closings, consolidations or layoffs. If "YES", provide actual or anticipated date of action.
CORPORATE HISTORY	1. Does the applicant have a human resources department?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Does the applicant have a human resources department?". As used here, if "Yes", enter the number of employees. If "No", enter the name of the person handling this function.
CORPORATE HISTORY	Number of Employees	Enter number: The number of human resources employees.
CORPORATE HISTORY	Human Resource Function	Enter text: The full name of the person handling human resources functions.
EMPLOYMENT POLICIES / PROCEDURES	a. Human Resources	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Does the applicant require employment terminations to be reviewed by human resources?".
EMPLOYMENT POLICIES / PROCEDURES	b. Legal Department	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Does the applicant require employment terminations to be reviewed by the legal department?".
EMPLOYMENT POLICIES / PROCEDURES	c. Outside Legal Counsel	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Does the applicant require employment terminations to be reviewed by outside legal counsel?".
EMPLOYMENT POLICIES / PROCEDURES	3. What outside employment legal counsel does the applicant use for employment and/or labor advice and/or defense?	Enter text: The name of any outside employment legal counsel the applicant uses for employment and/or labor advice and/or defense.
EMPLOYMENT POLICIES / PROCEDURES	4. Does the applicant conduct testing for:	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Does the applicant conduct any testing?". As used here, if "Yes", check all that apply. If any are checked, attach a copy of any written policies and procedures.
EMPLOYMENT POLICIES / PROCEDURES	Drug / Alcohol Screening	Check the box (if applicable): Indicates the applicant conducts drug / alcohol screening.
EMPLOYMENT POLICIES / PROCEDURES	Physical Examinations	Check the box (if applicable): Indicates the applicant conducts physical examinations.
EMPLOYMENT POLICIES / PROCEDURES	Psychological Examinations	Check the box (if applicable): Indicates the applicant conducts psychological examinations.

EMPLOYMENT POLICIES / PROCEDURES	Skills Testing	Check the box (if applicable): Indicates the applicant conducts skills testing.
EMPLOYMENT POLICIES / PROCEDURES	Polygraph Testing	Check the box (if applicable): Indicates the applicant conducts polygraph testing.
EMPLOYMENT POLICIES / PROCEDURES	Background Checks	Check the box (if applicable): Indicates the applicant conducts background checks.
EMPLOYMENT POLICIES / PROCEDURES	Other	Check the box (if applicable): Indicates the applicant conducts testing other than those listed.
EMPLOYMENT POLICIES / PROCEDURES	Describe Other	Enter text: The type of testing conducted by the applicant.
EMPLOYMENT POLICIES / PROCEDURES	Individual Conducting the Testing	Enter text: The full name of the individual conducting the testing.
EMPLOYMENT POLICIES / PROCEDURES	Pre-Employment	Check the box (if applicable): Indicates testing / examinations are done pre-employment.
EMPLOYMENT POLICIES / PROCEDURES	Post Offer Of Employment	Check the box (if applicable): Indicates testing / examinations are done after an offer of employment.
EMPLOYMENT POLICIES / PROCEDURES	5. Are all employees subject to these tests and examinations?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Are all employees subject to these tests and examinations?".
EMPLOYMENT POLICIES / PROCEDURES	If "No", which employees are not subject to these tests and examinations and why?	Enter text: An explanation as to which employees are not subject to these tests and examinations and why.
EMPLOYMENT POLICIES / PROCEDURES	6. Does the applicant use an employment application for all applicants?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Does the applicant use an employment application for all applicants?".
EMPLOYMENT POLICIES / PROCEDURES	If "No", which applicants are not required to complete an application and then how is the hiring process conducted?	Enter text: An explanation as to which applicants are not required to complete an employment application and how the hiring process is then conducted.
EMPLOYMENT POLICIES / PROCEDURES	7. Does the applicant utilize standard offer letters for all applicants?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Does the applicant utilize standard offer letters for all applicants?".

EMPLOYMENT POLICIES / PROCEDURES	If "No", which applicants are not provided with employment offer letters and why?	Enter text: An explanation as to which applicants are not provided with employment offer letters and why.
EMPLOYMENT POLICIES / PROCEDURES	8. Does the applicant have a formal orientation program for all new employees?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Does the applicant have a formal orientation program for all new employees?".
EMPLOYMENT POLICIES / PROCEDURES	9. Does the applicant provide annual written performance evaluations for all employees?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Does the applicant provide annual written performance evaluations for all employees?".
EMPLOYMENT POLICIES / PROCEDURES	If "Yes", does it include standard rating categories?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Do written performance evaluations include standard rating categories?".
EMPLOYMENT POLICIES / PROCEDURES	10. Does the applicant conduct training on sexual harassment and discrimination prevention?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Does the applicant conduct training on sexual harassment and discrimination prevention?".
EMPLOYMENT POLICIES / PROCEDURES	a. Who is required to attend?	Enter text: The description of who is required to attend sexual harassment and discrimination prevention training.
EMPLOYMENT POLICIES / PROCEDURES	b. How often is it held?	Enter text: The frequency of sexual harassment and discrimination prevention training.
EMPLOYMENT POLICIES / PROCEDURES	c. Who conducts the training?	Enter text: The full name of the person conducting sexual harassment and discrimination prevention training.
EMPLOYMENT POLICIES / PROCEDURES	d. Is training documented?	Enter text: The description of how the training is documented.

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).
EMPLOYMENT POLICIES / PROCEDURES	11. Does the applicant have a formal contract with any employee?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Does the applicant have a formal contract with any employee?". If "Yes", provide a specimen copy of the employment contract(s).

EMPLOYMENT POLICIES / PROCEDURES	**If "Yes", is/are employment contract(s) created and reviewed by outside counsel?**	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Are employment contracts created and reviewed by outside counsel?".
EMPLOYMENT POLICIES / PROCEDURES	**Total Number Of Employees With A Formal Employment Contract**	Enter number: The total number of employees with a formal employment contract.
EMPLOYMENT POLICIES / PROCEDURES	**Total Value Of All Contracts**	Enter amount: The total value of all employment contracts.
EMPLOYMENT POLICIES / PROCEDURES	**Total Value Of Largest Contract**	Enter amount: The total value of the largest employment contract.
EMPLOYMENT POLICIES / PROCEDURES	**12. Does the applicant have an employee handbook?**	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Does the applicant have an employee handbook?".
EMPLOYMENT POLICIES / PROCEDURES	**If "Yes", is it distributed 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 POLICIES / PROCEDURES	**13. Do all employees provide a written acknowledgement that they have received the handbook?**	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Do all employees provide a written acknowledgement that they have received the handbook?".
EMPLOYMENT POLICIES / PROCEDURES	**14. Is the employee handbook uniform for all locations and subsidiaries?**	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Is the employee handbook uniform for all locations and subsidiaries?".
EMPLOYMENT POLICIES / PROCEDURES	**15. Has an employment attorney reviewed the employee handbook?**	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Has an employment attorney reviewed the employee handbook?".
EMPLOYMENT POLICIES / PROCEDURES	**Date Last Reviewed**	Enter date: The date the employee handbook was last reviewed.
EMPLOYMENT POLICIES / PROCEDURES	**16. Are uniform exit interviews conducted when an employee resigns or is terminated (voluntary and involuntary)?**	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Are uniform exit interviews conducted when an employee resigns or is terminated (voluntary and involuntary)?".
EMPLOYMENT POLICIES / PROCEDURES	**If "Yes", are exit interviews documented?**	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Are exit interviews documented?".

EMPLOYMENT POLICIES / PROCEDURES	**17. Is the applicant required to file an affirmative action plan with the Office of Federal Contract Compliance Programs (OFCCP)?**	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Is the applicant required to file an affirmative action plan with the Office of Federal Contract Compliance Programs (OFCCP)?".
EMPLOYMENT POLICIES / PROCEDURES	**18. Has the applicant ever been the subject of an OFCCP investigation which resulted in the finding of a violation?**	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Has the applicant ever been the subject of an OFCCP Investigation which resulted in the finding of a violation?".
EMPLOYMENT POLICIES / PROCEDURES	**19. Does the applicant utilize arbitration for employment - related claims?**	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Does the applicant utilize arbitration for employment-related claims?".
EMPLOYMENT POLICIES / PROCEDURES	**20. Is arbitration for employment - related claims mandatory?**	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Is arbitration for employment-related claims mandatory?".
EMPLOYMENT POLICIES / PROCEDURES	**21. Are all applicant's locations compliant with the Americans with Disabilities Act (ADA)?**	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Are all applicant's locations compliant with the Americans with Disabilities Act (ADA)?".
EMPLOYMENT POLICIES / PROCEDURES	**If "No", provide details.**	Enter text: An explanation as to which applicant's locations are not compliant with the Americans with Disabilities Act (ADA) and provide details.
GENERAL INFORMATION	**1. Has any insured been involved in a civil or criminal action, administrative proceeding, investigation or charging violation by the Equal Employment Opportunity Commission (EEOC) or similar federal, state or foreign employment law or regulation?**	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Has any insured been involved in a civil or criminal action, administrative proceedings, investigation or charging violation by the Equal Employment Opportunity Commission (EEOC) or similar federal, state or foreign employment law or regulation?".
GENERAL INFORMATION	**Explanation**	Enter text: An explanation as to whether any insured has been involved in a civil or criminal action, administrative proceeding, investigation or charging violation by the Equal Employment Opportunity Commission (EEOC) or similar federal, state or foreign employment law or regulation.

GENERAL INFORMATION	2. Has any insured been involved in any other criminal actions?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Has any insured been involved in any other criminal actions?".
GENERAL INFORMATION	Explanation	Enter text: An explanation as to whether any insured has been involved in any other criminal actions.
GENERAL INFORMATION	3. Has any insured been involved in any representative actions, class actions or derivative suits in connection with employment issues?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Has any insured been involved in any representative actions, class actions or derivative suits in connection with employment issues?".
GENERAL INFORMATION	Explanation	Enter text: An explanation as to whether any insured has been involved in any representative actions, class actions or derivative suits in connection with employment issues.
GENERAL INFORMATION	4. Is any insured presently subject to any judicial or administrative order, decree, judgment or conciliation agreement that is employment - related?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Is any insured presently subject to any judicial or administrative order, decree, judgment or conciliation agreement that is employment-related?".
GENERAL INFORMATION	Explanation	Enter text: An explanation as to whether any insured is presently subject to any judicial or administrative order, decree, judgment or conciliation agreement that is employment-related.
REMARKS	Additional 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.
SIGNATURE	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	Producer's Name	Enter text: The name of the authorized representative of the producer, agency and/or broker that signed the form.
SIGNATURE	State Producer License No (Required in Florida)	Enter identifier: The State License Number of the producer.
SIGNATURE	Applicant's Signature	Sign here: Accommodates the signature of the applicant or named insured.
SIGNATURE	Date	Enter date: The date the form was signed by the applicant or named insured. (MM/DD/YYYY)
SIGNATURE	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.