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Agency _____ Phone _____
 Address _____ Fax _____
 City _____ State _____ Zip _____

Public Entity Application Employment Practices Liability (Claims Made) Section

Please attach a separate page for answers requiring explanations.

Legal Name of Public Entity: _____ Effective Date: _____

A. COVERAGE REQUESTED

1. Limit of Liability: Each Wrongful Act: \$ _____ Annual Aggregate: \$ _____
2. Deductible Requested: \$ _____ or
 SIR Requested: \$ _____ With LAE Included in Retention Without LAE in Retention
 TPA Name, Address, Telephone, and Facsimile: _____
3. Extended Employment Practices Liability Endorsement Options: _____
 - a. Third Party Coverage Endorsement? Yes No
 - b. Supplementary Payments—Fair Labor Standards Act (FLSA)? Yes No
 - c. Supplementary Payments—Immigration Reform and Control Act of 1986 (IRCA)? Yes No

B. EMPLOYEE INFORMATION

1. Number of Employees:
 Include any elected or appointed officials in the employee counts.

	Full-time	Part-time	Seasonal	Volunteers
No. of Employees				

- a. How many of the employees above are:
 - (1) School employees? _____
 - (2) Law enforcement employees (including clerical personnel)? _____
 - (3) Paid fire department employees? _____
 - (4) Volunteer fire department employees? _____

Would you like terms to include the VFD/Paid Fire Department? Yes No
 If no, do they have separate coverage? Yes No
- b. If seasonal employees are included, how many months during the year are they utilized? _____
- c. What percentage of your workforce is unionized? _____%

2. Please provide:

	1 Year Prior	2 Years Prior
Total No. of employees:		
Total No. of employees terminated:		
Total No. of employees who left voluntarily:		

3. Have there been any layoffs of employees or reductions in force?..... Yes No
If yes, please explain: _____
4. Do you have a formal reduction in-force policy? Yes No
If yes, has this policy been reviewed by legal counsel? Yes No
5. Have you had a strike, slowdown or other employee disruption? Yes No
If yes, please explain: _____
6. Are there any future layoffs or reductions in force planned? Yes No
If yes, please explain: _____

C. POLICIES AND PROCEDURES

1. a. Do you have written guidelines, policies, or procedures that address the following?

	Written Procedures	Supervisor/ Manager Training in these areas?		Written Procedures	Supervisor/ Manager Training in these areas?
Americans With Disabilities Act	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Progressive Disciplinary Program	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Discrimination	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Salary Administration	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Disputes/Grievances/ Handling Complaints	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Sexual Harassment	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Employee Hiring/ Interviews	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Termination	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Performance Reviews	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Time-Off Policies & FMLA	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

- b. Are the above policies and procedures contained in an employee handbook, or policies and procedures manual that is distributed to all employees? Yes No
If yes, do you obtain written acknowledgements that employees have received the handbook/ manual? Yes No
If no, how are policies communicated to employees? _____
- c. What is the date of the last review by legal counsel? _____
- d. How often is the handbook reviewed by legal counsel? _____

2. Are grievance procedures communicated to all personnel upon hiring? Yes No

D. UNDERWRITING INFORMATION

1. Do you have a human resources department? Yes No
a. If yes, name and title of individual in charge of human resources: _____
b. If no, explain how the function is handled: _____
2. Do you have someone responsible for human resources/employment issues for your law enforcement personnel?..... Yes No
a. If yes, name and title of individual in charge: _____
b. If no, explain how the function is handled: _____
3. Are formal written job descriptions in place for all positions? Yes No
4. Do you have a formal, standardized employment application?..... Yes No
a. If yes, has it been reviewed by legal counsel?..... Yes No
b. If no application is used, how do you recruit new employees? _____

5. Do you use a psychological test to screen applicants, to promote employees or for the purpose of continuing employment?..... Yes No
 a. If yes, is it administered to everyone? Yes No
 b. If no, please explain: _____
 c. Confirm results are reviewed by a person trained in this field? Confirmed Not Confirmed
6. Do you provide a written performance evaluation for all employees? Yes No
 a. If yes, how often? _____
 b. If no, explain how the employee evaluations are handled: _____
7. Do you require counsel from a human resources professional or a qualified labor relations attorney prior to termination of any employee? Yes No
8. Are you currently required to comply with any judicial or administrative agreement, order, decree or judgment relating to employment? Yes No
 If yes:
 a. attach a copy; and
 b. explain the actions taken by the insured to bring into compliance: _____
9. Has there been continuous claims made coverage for the past five years? Yes No
 If no, please explain: _____
 Retroactive Date on current policy? _____

E.	LOSS HISTORY
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In the last five years:

1. Has any person, former employee, volunteer or job applicant made a claim or alleged unfair or improper treatment regarding hiring, remuneration, advancement or termination?..... Yes No
If yes, provide a detailed narrative.
2. Have you had any disputes involving integration, segregation, discrimination or violation of civil rights including sexual harassment or the Americans With Disabilities Act (ADA)? Yes No
If yes, provide a detailed narrative.
3. During the last five years, has any official or employee been the subject of claims by a non-employee for discrimination or sexual harassment? Yes No
If yes, provide a detailed narrative.
4. How many Equal Employment Opportunity Commission and State Human Rights Commission claims or complaints have been filed against the entity? _____
If any, attach a log of all such claims or complaints.

Signature of Human Resources Manager/Employment Supervisor	Signature of Police Chief/Sheriff
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Date	Date
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