



EMPLOYMENT RELATED PRACTICES LIABILITY SECTION

DATE (MM/DD/YYYY)

AGENCY TMK RISK MANAGEMENT INC		CARRIER		NAIC CODE
POLICY NUMBER		APPLICANT / FIRST NAMED INSURED		
PROPOSED EFFECTIVE DATE	PROPOSED EXPIRATION DATE	PROPOSED RETROACTIVE DATE		

THIS APPLICATION IS FOR A CLAIMS-MADE POLICY WHICH PROVIDES FOR DEFENSE EXPENSE WITHIN THE LIMITS OF INSURANCE. IF ISSUED, READ YOUR POLICY CAREFULLY.

COVERAGE

LIMIT OF LIABILITY \$	CO-PAYMENT AMT \$	OTHER
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INSURANCE INFORMATION

1. PERSON RESPONSIBLE FOR HANDLING ERPL CLAIMS:

TELEPHONE	E-MAIL	FAX
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2. DO YOU CURRENTLY CARRY ERPL INSURANCE? YES NO IF YES, INSURER:

POLICY PERIOD		PREMIUM	LIMIT	DEDUCTIBLE	% CO-PAY	RETRO DATE	INSURER
EFF DATE	EXP DATE						

3. DESCRIBE PRIOR COVERAGE FOR THE PAST 3 YEARS (IF ANY)

POLICY PERIOD		PREMIUM	LIMIT	DEDUCTIBLE	% CO-PAY	RETRO DATE	INSURER
EFF DATE	EXP DATE						

EMPLOYEE INFORMATION

1. NUMBER OF LOCATIONS AND TOTAL NUMBER OF EMPLOYEES BY STATE (WITHIN THE U.S.A.) OR COUNTRY, EXCEPT FOR SUBSIDIARIES

STATE	COUNTRY	NUMBER OF LOCATIONS	TOTAL NUMBER OF EMPLOYEES

2. NAME OF SUBSIDIARIES YOU WANT TO INCLUDE, AND TOTAL NUMBER OF EMPLOYEES BY STATE (WITHIN THE U.S.A.) OR COUNTRY NOT INCLUDED IN 1

SUBSIDIARIES	STATE	COUNTRY	TOTAL NUMBER OF EMPLOYEES

REMARKS

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EMPLOYEE INFORMATION (continued)

3. EMPLOYEES AT LOCATIONS IDENTIFIED ABOVE							
A. TOTAL NUMBER OF U.S. EMPLOYEES		FULL TIME:	PART TIME:	TEMPORARY:	SEASONAL:		
B. TOTAL NUMBER OF FAIR LABOR STANDARDS ACT EXEMPT EMPLOYEES							
C. TOTAL NUMBER OF FAIR LABOR STANDARDS ACT NON-EXEMPT EMPLOYEES							
D. TOTAL NUMBER OF UNIONIZED EMPLOYEES IN THE U.S.A.							
E. TOTAL NUMBER OF NON-U.S.A. EMPLOYEES		FULL TIME:	PART TIME:	TEMPORARY:	SEASONAL:		
F. TOTAL NUMBER OF ALL EMPLOYEES FOR EACH OF THE PAST 3 YEARS:							
YEAR:	TOTAL #:	YEAR:	TOTAL #:	YEAR:	TOTAL #:		
G. FOR EACH OF THE LAST 3 YEARS, STATE YOUR ANNUAL PERCENTAGE TURNOVER OF EMPLOYEES:							
YEAR:	%	YEAR:	%	YEAR:	%		
H. TOTAL NUMBER OF EMPLOYEE-INITIATED TERMINATIONS IN THE LAST 3 YEARS:							
YEAR:	TOTAL #:	YEAR:	TOTAL #:	YEAR:	TOTAL #:		
I. PERCENTAGE OF EMPLOYEES WITH SALARIES:		LESS THAN \$50,000:	%	\$50,000 - \$100,000:	%	GREATER THAN \$100,000:	%

EMPLOYMENT POLICIES AND PRACTICES

1. NAME AND TITLE OF INDIVIDUAL WHO HAS OVERALL RESPONSIBILITY FOR THE HUMAN RESOURCES OR PERSONNEL	
NAME	TITLE
2. NAME(S) AND TITLE(S) OF INDIVIDUAL(S) WHO IS/ARE RESPONSIBLE FOR HANDLING EMPLOYMENT-RELATED INCIDENTS	
NAME	TITLE
3. DO YOU USE AN EMPLOYMENT APPLICATION DURING YOUR HIRING PROCESS? IF YES, ANSWER A-D BELOW:	
A. DOES YOUR APPLICATION CONTAIN AN EMPLOYMENT AT WILL STATEMENT?	Y/N
B. DOES YOUR APPLICATION INCLUDE AUTHORIZATION TO CHECK REFERENCES AND CRIMINAL CONVICTION RECORDS?	
C. DOES YOUR APPLICATION REQUIRE A SIGNATURE ATTESTING THAT ALL REPRESENTATIONS ARE TRUE?	
D. DOES YOUR APPLICATION CONTAIN AN EQUAL OPPORTUNITY EMPLOYMENT STATEMENT?	
4. DO YOU DISTRIBUTE AN EMPLOYMENT HANDBOOK TO ALL EMPLOYEES?	
A. IF YES, DOES IT CONTAIN AN EMPLOYMENT-AT-WILL STATEMENT?	
5. DO YOU HAVE AN EMPLOYMENT OPPORTUNITY STATEMENT?	
6. DO YOU HAVE A WRITTEN ANTI-SEXUAL HARASSMENT POLICY?	
7. DO YOU HAVE A WRITTEN GRIEVANCE PROCEDURE?	
8. DO YOU HAVE A PROGRESSIVE DISCIPLINARY PROGRAM?	
9. DO YOU POST, IN PLACES CONSPICUOUS TO ALL EMPLOYEES AND APPLICANTS FOR EMPLOYMENT, ALL NOTICES REQUIRED BY LAW?	
10. WHEN REQUESTED BY EMPLOYEES, DO YOU DISTRIBUTE INFORMATION AS REQUIRED BY FEDERAL LAW REGARDING THE FAMILY MEDICAL LEAVE ACT TO ALL EMPLOYEES?	
11. DO YOU REQUIRE THAT ALL EMPLOYMENT TERMINATIONS BE REVIEWED BY THE HUMAN RESOURCES DEPARTMENT/PERSONNEL HAVING HUMAN RESOURCES RESPONSIBILITIES?	
12. DO YOU PROVIDE WRITTEN PERFORMANCE EVALUATIONS FOR ALL YOUR EMPLOYEES? IF YES, HOW OFTEN?	
13. DO YOUR SUPERVISORY EMPLOYEES RECEIVE TRAINING IN THE PROPER METHOD OF CONDUCTING PERFORMANCE APPRAISALS?	
14. IS THERE A FORMAL ORIENTATION PROGRAM FOR NEW EMPLOYEES?	
15. IS THERE A FORMAL OUT-PLACEMENT PROGRAM WHICH ASSISTS FORMER EMPLOYEES IN OBTAINING ALTERNATE EMPLOYMENT?	
16. DO YOU USE ANY TESTS FOR SCREENING APPLICANTS OR FOR CONTINUED EMPLOYMENT?	

REMARKS

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