

EPLI QUESTIONNAIRE

1. Agent: _____ Desired Limits: _____ Desired Deductible: _____
2. Name of Company: _____ Current Policy Expiration Date: _____
3. Contact Person: _____ Title: _____
4. Phone Number: _____ Fax Number: _____
5. Street Address: _____ City/State/Zip: _____
6. Nature of Business: _____ Number of Locations: _____
7. How long has the company been in business? _____ How long under current management? _____
8. Total number of employees (including Partners, Directors and Officers, at all locations):
 Fulltime _____ Part Time _____ Temporary _____ Seasonal _____
9. What is your average annual turnover rate? _____ % $\frac{\text{No. of separations during the year}}{\text{Total No. of employees}} \times 100 = \%$
10. Do you currently have active EPLI coverage? _____ YES NO
 Has any EPLI carrier ever canceled/non-renewed you? _____ YES NO
 If YES, what carrier? _____ What are limits/deductibles/co-pay? _____
11. Do you have a Human Resources/Personnel Dept? YES NO If no, then who handles? _____
12. Do you require the use of an employment application? YES NO Employment agreements? YES NO
13. Do you take steps to establish an at-will employment relationship with employees? _____ YES NO
14. How many employees/directors/officers/owners earn 100K or more per year? _____
15. Please indicate whether or not you publish and/or implement the following:

Employment handbook _____ YES <input type="checkbox"/> NO <input type="checkbox"/>	Written grievance/complaint procedures _____ YES <input type="checkbox"/> NO <input type="checkbox"/>
Anti-sexual harassment policy _____ YES <input type="checkbox"/> NO <input type="checkbox"/>	Open door policy/procedures _____ YES <input type="checkbox"/> NO <input type="checkbox"/>
Anti-discrimination policy _____ YES <input type="checkbox"/> NO <input type="checkbox"/>	Dept. of Labor FMLA notifications for FMLA leave _____ YES <input type="checkbox"/> NO <input type="checkbox"/>
Equal opportunity statements _____ YES <input type="checkbox"/> NO <input type="checkbox"/>	"Not an employment contract" language _____ YES <input type="checkbox"/> NO <input type="checkbox"/>
16. Do you have a method and practice of updating your policies/procedures to meet changes in the legal climate and distributing on an annual basis? YES NO If NO, are you willing to do so? _____ YES NO
17. Do you obtain signed employee acknowledgments? (If Yes, please indicate below) _____ YES NO
 Employment handbook or Signed acknowledgements of individual policies and procedures
18. Do you require terminations to be reviewed by a central source? _____ YES NO
 If YES, by whom? _____
 If NO, are you willing to do so? _____ YES NO
19. Do you require managers/supervisors to attend training, educational programs/seminars or staff meetings covering employer/employee relations within a 12 month period? _____ YES NO
 If NO, are you willing to do so? _____ YES NO
20. Are you aware of any facts, incidents or circumstances which may result in claims being made against you? YES NO
 If YES, how many? _____ Please attach details including amounts paid.
21. Have you had any cases of inappropriate employment acts, discrimination, wrongful termination and harassment in the last 5 years? _____ YES NO
 If YES, how many? _____ Please attach details including amounts paid.
22. Do you anticipate any plant, facility, branch or office closings, consolidations or layoffs affecting 20% or more of the employees in any 60 day period within the next 24 months? _____ YES NO
 If YES, please provide details on a separate sheet.

This form is to obtain an Indication only. For a firm Quote and to bind coverage, complete application and supporting documents will be required.



Please complete questionnaire, fold in half and staple form.
 Fill in your return address and attach proper postage.

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