

ACCOUNTANTS & CONSULTANTS PROFESSIONAL LIABILITY Employment Practices Liability Supplement

Complete this supplement if you are seeking coverage for Employment Practices Liability Defense.

1. Total Number of Employees: Full Time _____ Part Time _____

2. Do **you** have current Employment Practices Liability insurance coverage in place? Yes No
 - a. Insurer: _____
 - b. Limit of Liability: _____
 - c. Deductible: _____
 - d. Retroactive Date: _____

3. Are **you** or any of **your** affiliates aware of any significant proposed reduction in staff size or mergers or acquisitions that may occur within the next two years or has any such occurrence taken place within the past year? Yes No

4. Have **you** received or settled any claims, formal complaints, charges, grievances, arbitrations, litigation, or administrative proceedings (local, state, or federal) concerning employment related issues within the past year? Yes No

5. Are **you** aware of any facts, incidents, or circumstances that may result in an employment related claim being made against **you**? Yes No

6. Do **you** have in place written policies or procedures:
 - a. Concerning harassment and discrimination that is distributed to all employees?
 - i. Yes No
 - b. For handling employee complaints of harassment or discrimination?
 - i. Yes No
 - c. Regarding hiring, performance evaluation, disciplinary issues, and termination?
 - i. Yes No
 - d. Regarding acceptable social media practices for business purposes?
 - i. Yes No

Signature of Applicant: _____ Date: _____