

Benchmark

MANAGEMENT GROUP, INC.

1730 Park Street, Suite 214 Naperville, IL 60563
Phone: (630) 778-7000 Fax: (630) 778-7007

Public Entity Application Employment Practices Liability (Claims Made) Section (Standard Application)

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 Coverage Options: _____
 - a. Back Wages? Yes No
Limits (per wrongful act): \$10,000 \$25,000 \$50,000 \$100,000 \$1,000,000
 - b. Mental Anguish? Yes No
 - c. Non-Monetary Defense (Indemnity coverage)? Yes No
Limits (per wrongful act/per policy period): \$10,000/\$50,000 \$25,000/\$50,000 \$50,000/\$50,000
 - d. Non-Monetary Defense (Company provides defense)? Yes No
Limits (\$100,000 per wrongful act/\$100,000 per policy period)
4. Consent to Settle Coverage Option? Yes No

B. EMPLOYEE INFORMATION

1. Number of Employees:

Full-time		Part-time	Seasonal
No. of Employees			

- a. The following questions will assist in obtaining a proper employee count:
 - (1) If volunteers are covered by your state's workers compensation laws, include in employee count.
 - (2) If elected or appointed officials are paid employees, include in employee count.
 - (3) If seasonal employees are included in employee count, how many months during the year are they utilized?

- b. How many of these employees are:
 - (1) School employees? _____
 - (2) Law enforcement employees? _____

(3) Fire department employees? _____

2. Total Number of Employees:

	1 Year Prior	2 Years Prior	3 Years Prior
Total No. of Employees			

3. Total number of employees terminated in the past three years:

	1 Year Prior	2 Years Prior	3 Years Prior
Total No. of Employees			

4. Total number of employees who left voluntarily over the past three years:

	1 Year Prior	2 Years Prior	3 Years Prior
Total No. of Employees			

5. Have there been any layoffs of employees or reductions in service? Yes No
 If yes, please explain: _____

6. Do you have any plans to lay off 5% or more of employees within the next 24 months? Yes No
 a. Do you have a formal reduction in force policy? Yes No
 b. Has this policy been reviewed by legal counsel? Yes No

7. Have you had a strike, slowdown or other employee disruption? Yes No
 If yes, please explain: _____

C. POLICIES AND PROCEDURES

1. Do you have an employee handbook or manual? Yes No
 a. If yes:
 (1) Does every employee receive a copy? Yes No
 (2) Do you get written acknowledgement that employees have received the handbook? Yes No
 (3) What is the last review date by legal counsel? _____
 b. If no, how do you communicate your employment policies and procedures to employees? _____

2. a. Do you follow formal written procedures, and do all supervisory personnel receive training in the procedures for each of the following areas?

	Written Procedures	Supervisory Training		Written Procedures	Supervisory Training
Americans With Disabilities Act?	<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
Discrimination?	<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
Disputes or Grievances?	<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
Employee Hiring?	<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
Handling Complaints?	<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

	Written Procedures	Supervisory Training		Written Procedures	Supervisory Training
Interviews?	<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
Pre-Termination Hearings?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			

- b. What is the date of the last review by legal counsel? Yes No
- c. Are signed acknowledgements of supervisory training required? Yes No
3. Are grievance procedures communicated to all personnel upon hiring? Yes No

D. UNDERWRITING INFORMATION

1. Do you have a human resources department? Yes No
 If yes, total number of staff? _____
 If no, explain how the function is handled: _____
2. Are formal written job descriptions in place for all positions? Yes No
3. Do you have a formal, standardized employment application? Yes No
- a. Has it been reviewed by legal counsel? Yes No
- b. If no application is used, how do you recruit new employees? _____

4. Do you use a psychological test to screen applicants, to promote employees or for the purpose of continuing employment? Yes No
 If yes:
 a. Is it administered to everyone? Yes No
 If no, please explain: _____
- b. Confirm results are reviewed by a person trained in this field? Confirmed Not Confirmed
5. Confirm that you provide a written performance evaluation for all employees at least annually? Confirmed Not Confirmed
6. Do you require advice from a human resource person or qualified legal counsel prior to terminating an employee? Yes No
7. Are you currently required to comply with any judicial or administrative agreement, order, decree or judgment relating to employment? Yes No
 If yes:
 (1) attach a copy; and
 (2) explain the actions taken by the insured to bring into compliance.
8. Has there been continuous claims made coverage for the past five years? Yes No
 If no, please explain: _____

E. LOSS HISTORY

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. How many Equal Employment Opportunity Commission and State Human Rights Commission claims or complaints have been filed against the entity? _____

ATTACH A LOG OF ALL SUCH CLAIMS OR COMPLAINTS.