[ ]  **National Casualty Company**

Home Office: One Nationwide Plaza

 Columbus, Ohio 43215

Adm. Office: 8877 North Gainey Center Drive

 Scottsdale, Arizona 85258

[ ]  **Scottsdale Insurance Company**

Home Office: One Nationwide Plaza

 Columbus, Ohio 43215

Adm. Office: 8877 North Gainey Center Drive

 Scottsdale, Arizona 85258

[ ]  Scottsdale Indemnity Company

Home Office: One Nationwide Plaza

 Columbus, Ohio 43215

Adm. Office: 8877 North Gainey Center Drive

 Scottsdale, Arizona 85258

[ ]  **Scottsdale Surplus Lines Insurance Company**

Adm. Office: 8877 North Gainey Center Drive

Scottsdale, Arizona 85258

1-800-423-7675 • Fax (480) 483 6752
www.scottsdaleins.com

PUBLIC ENTITY APPLICATION
EMPLOYMENT PRACTICES LIABILITY (CLAIMS MADE) SECTION
(Attaches to PE-APP-GEN-GA Applicant Information 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

**(1)** Is any official or employee aware of any fact or circumstances or any actual or alleged
acts, errors or omissions which are likely to give rise to a claim by a person who is a
non-employee? [ ]  Yes [ ]  No

If “yes,” please complete a Claims/Circumstance/Administrative Hearings Supplement.

**(2)** 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

**(3)** Do you have written procedures for handling complaints of discrimination and/or harassment from a person who is a non-employee? [ ]  Yes [ ]  No

If “yes,” are all complaints recorded? [ ]  Yes [ ]  No

(If “no,” please provide an explanation on a separate sheet.)

**(4)** Do your public facilities have a proper access for the disabled in compliance with Americans with Disabilities Act (ADA Law)? [ ]  Yes [ ]  No

**(5)** Do you currently have third party EPLI coverage? [ ]  Yes [ ]  No

If “yes,” provide effective date, retroactive date and policy limits:

|  |  |  |
| --- | --- | --- |
| **Effective Date** | **Limit of Liability** | **Retroactive Date** |
|       | $      |       |

**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/ManagerTraining in these areas** |  | **Written Procedures** | **Supervisor/ManagerTraining in these areas** |
| Americans With Disabilities Act | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | Progressive Disciplinary Program | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| Discrimination | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | Salary Administration | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| Disputes/Grievances/Handling Complaints | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | Sexual Harassment | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| Employee Hiring/Interviews | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | Termination | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| Performance Reviews | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | Time-Off Policies and FMLA | [ ]  Yes [ ]  No | [ ]  Yes [ ]  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**

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.**

**Refer to PE-APP-GEN-GA application form for the state fraud warnings.**

The undersigned declares that to the best of his/her knowledge, the information set forth in this application is true and complete.

 Signature of HR Manager/Employment Supervisor  Signature of Police Chief/Sheriff

 Date  Date