**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  
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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/ Manager Training in these areas** |  | **Written  Procedures** | **Supervisor/ Manager Training 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