EMPLOYMENT PRACTICES LIABILITY

01 / APPLICANT AND EXPOSURE PROFILE

Complete all applicable fields. Use Unknown or N/A as needed. Attach extra pages for multiple locations or schedules.

1. Applicant and contact

Legal applicant / business name

DBA / entity type

Primary contact / title

Phone / email

Mailing address / City / State / ZIP

Website / year established

Requested effective date

Annual gross revenue

Employee count / annual payroll

Describe the business, operations, customers, locations, and states / countries involved:

2. Initial exposure questions

Any layoffs, closures, mergers, or workforce reductions planned? Select

Any employment complaint, agency charge, or demand in the past 5 years? Select

Any temporary, leased, seasonal, or independent-contractor workers? Select

Any employees or operations outside the United States? Select

Explain Yes / Unknown answers and any unusual exposures:

Provide current values and limits where available. These questions are an intake guide, not a carrier application.

3. Details for Employment Practices Liability

Full-time / part-time / temporary counts

US states / countries with employees

Annual turnover % / terminations last year

Highest / lowest employee count

Requested limit / retention

Third-party liability coverage requested

Current carrier / retroactive date

HR manager / outside HR counsel

4. Controls and supporting detail

Written handbook distributed and acknowledged by employees? Select

Written anti-harassment, discrimination, and retaliation policies? Select

Manager training and a confidential complaint-reporting process? Select

Documented hiring, performance, discipline, and termination procedures? Select

Employment counsel reviews layoffs and sensitive terminations? Select

Any open wage-and-hour dispute or worker-classification concern? Select

Employee counts by state; describe complaints, turnover, HR controls, and planned changes.

Availability, eligibility, and terms depend on underwriting. Additional carrier applications may be required.

5. Current and prior insurance

Current carrier (or None)

Policy number

Effective / expiration dates

Current limit / deductible / retention

Current annual premium (if applicable)

Requested changes / target limit

6. Claims, losses, or circumstances

Any relevant claim, loss, or demand in the past 5 years? Select

Any open dispute, investigation, known incident, or threatened claim? Select

Any cancellation, nonrenewal, declined application, or coverage lapse? Select

For each Yes: date, event, amount paid / reserved, current status, and corrective action. Attach details if needed.

7. Supporting documents

- [ ] Employee census by state
- [ ] Employee handbook
- [ ] HR policies / training records
- [ ] Current declarations
- [ ] Five-year loss runs
- [ ] Claim / charge details

Send completed forms and documents to info@mad-insurance.com. Do not include passwords, payment details, or SSNs.

I confirm the information is true and complete to the best of my knowledge. This questionnaire does not bind or change coverage. Carrier forms, underwriting, and approval may be required.

Applicant typed name / title

Date