



Name of Insurance Company to which application is made

**EMPLOYMENT PRACTICES LIABILITY INSURANCE RENEWAL APPLICATION
FLORIDA**

INSTRUCTIONS:

- A. Answer all questions. If the answer to any question is NONE, please state NONE.
- B. If the space to answer any question fully is insufficient, attach a separate sheet.
- C. The application must be signed and dated by the owner, partner, or executive officer of the applicant and by a human resources or personnel officer.

PLEASE READ CAREFULLY THE STATEMENT AT THE END OF THIS APPLICATION.

GENERAL INFORMATION

1. Applicant's name and address of principal place of business: (Please include all companies and subsidiaries to be covered under the policy)

2. Name, title, and telephone number of person to contact regarding this application:

3. Current Policy No.: _____ Expiration Date: _____

4. Number of locations by state:

EMPLOYEE INFORMATION

5. a. Please provide the number of full-time and part-time employees in the following geographical locations:

	full-time	part-time
California and/or Texas	_____	_____
Michigan, Montana, Missouri, Ohio, and/or New Jersey	_____	_____
All other states	_____	_____
Total	_____	_____

b. Indicate below by their salary ranges the number of employees.

Salary ranges	full-time	part-time
\$30,000 or less per year	_____	_____
\$30,001 - \$50,000 per year	_____	_____
\$50,001 - \$100,000 per year	_____	_____
Over \$100,000 per year	_____	_____
Total	_____	_____

6. Number of employees in the Human Resources Department: _____

7. Number of involuntary terminations in the last twelve (12) months:

Directors	_____
Officers	_____
Supervisory Employees	_____
Non-Supervisory Employees	_____
Total	_____

8. Do you plan any layoffs, reductions in force, or any full or partial plant or facility closing in the next twenty-four (24) months? Yes No If yes, please provide complete details on a separate sheet.

CLAIM INFORMATION

9. Has there been any change in the status of any matter, claim, charge, or grievance, including any matters pending before any federal, state, or local administrative agencies such as the Equal Employment Opportunity Commission ("EEOC") or similar state or local agencies or the National Labor Relations Board ("NLRB") previously reported by way of the application for the policy identified in Questions 3., above?

Yes No

If yes, please provide complete details of each such matter on a separate sheet(s). Do not include matters, claims, charges, or grievances that have already been reported to The Hartford during the current policy period in connection with a claim or potential claim.

HUMAN RESOURCES INFORMATION

10. Indicate if there have been any changes in the following:

- Employment Application
- Employment Evaluation Procedures
- Employment Handbook
- Employment Discipline Procedures
- Employment Termination /Separation Guidelines

If you indicated any changes to any of the above, please provide copies of the revised materials.

11. Indicate if there have been any changes in the following:

- Equal Employment Opportunity Policy
- Non-Harassment Policy
- Employment-At-Will Policy
- Policy for accommodating the disabled in accordance with the Americans With Disabilities Act ("ADA")
- Procedures for handling employee complaints of discrimination or harassment
- Orientation Program for new employees

If you indicated any changes to any of the items identified in Questions 11., please provide copies of the revised policies or procedures.

