

FIRE/EMS - PAK EMPLOYMENT PRACTICES LIABILITY SUPPLEMENTAL APPLICATION

APPLICANT INFORMATION:

NAME: (First Named Insured):

Mailing Address of First Named Insured:

Fire Chief/EMS Administrator:

Name:

Phone: ()

FAX: ()

Governing Board Contact Person:

Name:

Phone: ()

FAX: ()

Limit of Liability:

EMPLOYEE / VOLUNTEER DATA

	Full Time (35 or more hours)	Part Time (less than 35 hours)	Non-paid Volunteers
# of Employees Now			
# of Employees A Year Ago			
# Terminated / Laid off in last 12 months			
% Employed less than 12 months			
% Employed more than 5 years			

GENERAL INFORMATION

CIRCLE ANSWER

Do you use an employment application for all your applicants to the department?	yes	no
Do you secure references on candidates for the department?	yes	no
Do you have an Employment Handbook for all employees/volunteers?	yes	no
Do you have a specific person that handles all personnel issues?	yes	no
Do you have job descriptions and expectations clearly written and utilized?	yes	no
Do you have a clearly written policy against discrimination?	yes	no
Do you have a clearly written policy against sexual harassment?	yes	no
Do you seek counsel from an attorney before terminating an employee/volunteer?	yes	no
Do you have a policy on giving references on former employee/volunteers to others?	yes	no
Do you currently have insurance coverage for Employment Practices Liability?	yes	no
Do you want prior acts coverage? If yes, attach Dec page from prior policy.	yes	no
Are you aware of any fact, situation or circumstance which may result in an Employment Practices Liability claim? If yes, attach a detailed explanation.	yes	no

LOSS HISTORY

PLEASE ATTACH AN EXPLANATION OF ANY PREVIOUS ALLEGATIONS OR CLAIMS RELATING TO EMPLOYEE/VOLUNTEER TERMINATION, HARASSMENT OR DISCRIMINATION. Circle NONE if that applies.

SIGNATURES

Agent	DATE	Insured	DATE
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