



**The Professional Protector Plan®
Employment Practices Liability Supplemental Questionnaire
For practices with less than 15 employees.**

Named Insured	
Address	
Policy Number	
Effective Date	

ORGANIZATIONAL INFORMATION

1. In the past 24 months or the next 12 months, is the **Applicant** contemplating (or has the **Applicant** completed or been in the process of completing) the following:

- a. Any actual or proposed merger, acquisition, or divestiture? Yes No
- b. Any branch, location, facility, office, or subsidiary closings, consolidations or layoffs? Yes No
- c. Change(s) in ownership? Yes No

If any of the questions above were answered Yes, please attach a detailed explanation.

EMPLOYEE INFORMATION

- 1. Total number of employees:
 - a. Compensated **less than** \$50,000 annually (including bonuses): _____
 - b. Compensated **more than** \$100,000 annually (including bonuses): _____
- 2. How many employees or officers have been terminated in the past 12 months? Voluntary _____ Involuntary _____ Laid Off _____
- 3. Is any reduction of employees or change of status anticipated or being contemplated in the next year? Yes No
 If yes, number estimated: Voluntary: _____ Involuntary: _____ Laid off: _____
- 4. Does the Applicant provide severance packages to terminated or laid off employees? Yes No
 If yes, does the severance agreement include a waiver or release of employees' rights to bring a claim against the applicant? Yes No

EMPLOYMENT PRACTICES INSURANCE HISTORY *(Please provide 3 years of Employment Practice Insurance History)*

- 1. Have you ever had Employment Practices Liability coverage declined, canceled, or non-renewed or intent to not offer renewal terms? Yes No

Insurance Carrier(s)	Limits of Liability (per Occurrence/Aggregate)	Deductible	Effective Date/Expiration Date
	\$	\$	
	\$	\$	
	\$	\$	

THIRD PARTY POLICIES AND PROCEDURES *(Please provide an explanation by attachment for all No answers)*

- 1. Does the **Applicant** have policies or procedures outlining employee conduct when dealing with the general public or persons outside of the **Applicant's** direction or control? Yes No
- 2. Does the **Applicant** have policies or procedures for dealing with complaints from the general public, customers, clients, patrons, visitors, or other third parties for issues involving harassment or discrimination? Yes No
- 3. Has any claim, demand or lawsuit been made against you or any person proposed for this insurance including employees or independent contractors involving sexual harassment or discrimination brought by the general public, customers, clients, vendors or other third party? Yes No

HUMAN RESOURCES GUIDELINES AND PROCEDURES

Guidelines, Policies, Procedures	Formal Written Policy	
Discrimination	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Sexual and Other Workplace Harassment	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Equal Employment Opportunity	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Disabled Employees and Accommodations	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Retaliation	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Reporting, Investigating and Resolving Employee Complaints	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Employee Discipline	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Hiring/Interviewing	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Discharge/Termination	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Please read the below important notice

Coverage Amendments

- 1 I understand that the renewal of this Coverage Part contains significant changes from the expiring Coverage Part, and I have discussed those changes with my agent, and I am satisfied that I understand the nature of those changes.

- 2 I further understand the renewal of this coverage part will have one single limit of liability for all Named Insureds in lieu of individual limits for each Named Insured.

Acknowledgement of no prior claims

- 3 As the renewal of this Coverage Part contains important new coverages that were not available under the expiring coverage form, I understand that these new coverages will not apply to claims or suits arising from facts and circumstances about which any Named Insured is already aware. Furthermore, I currently have no knowledge of any fact, situation, circumstance, or condition which could reasonably result in a claim or suit, (regardless of whether the claim or suit would have merit), involving any employment or workplace violence matter as respects any person or entity insured under this Coverage Part.

Applicant Signature

Date

The Professional Protector Plan® is a registered trademark of B & B Protector Plans, Inc®. Coverage is underwritten by AAIC.