

EPLI Indication Guidelines

EPLI is meant to be an effective tool to help you, our producer, maximize your opportunities in providing EPLI coverage to your clients. To make the process more efficient, it is important to know what information is necessary to qualify for EPLI. Acceptable submissions **must**:

- Have less than 250 total employees.
- Have less than a 30% annual employee turnover rate.
- Have no claims in the past 5 years. [we can still consider , will need prior approval]

Not operate in the following industries:

Tobacco Products, Governmental Entities, Hospitals, Employment Agencies, Educational Services, Labor Organizations, Credit Reporting Services, Non-Profit Organizations.

These requirements are meant only to be guidelines to help increase your success in using EPLI.

Quick Short Form Indication Worksheet

1. Organization Name: _____
 2. Address: _____
 3. Tax ID: _____
 4. Phone & Fax #: P] _____ F] _____
 5. Web Address: _____
 6. SIC Code/Description: _____
 7. Nature of Operations: _____
 8.
 - a) During the last 12 months, how many **Claims** alleging discrimination, harassment, wrongful discharge and/or **Wrongful Employment Act(s)** against the **Insured Entity** or its directors, officers, or **Employees** have been settled or otherwise resolved? _____
 - b) What is the total cost of the single largest **Claim** above? _____
 - c) In the last 5 years, has any current or former **Employee** or third party made any **Claim**, or otherwise alleged discrimination, harassment, wrongful discharge and/or **Wrongful Employment Act(s)** against the **Insured Entity** or its directors, officers, or **Employees**? Yes No
- A Claim is not limited to the filing of a lawsuit or complaint with the EEOC or similar state or local agency. A Claim may also include a written demand or threat by any current or former Employee seeking relief in connection with an employment-related dispute or grievance. Please provide details of all incidents even if the matter has since been settled or otherwise resolved.**
- d) Is the **Insured Entity** or its management aware of any fact, circumstances, or situation involving any **Insureds** that he or she has reason to believe might result in a Claim? Yes No

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9.

Current Number of **Employees** of the **Insured Entity**:

Full Time _____	Part Time _____	Seasonal _____	Temporary _____	Annual Turnover Rate _____% <input type="checkbox"/> Unknown
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10.

Has the **Insured Entity** had any **Subsidiary**, plant, facility, branch, or office closings, consolidations, or layoffs within the past 12 months, or anticipate any within the next 12 months? Yes No

11.

Indicate which written policies and procedures have been implemented. If “none”, so state.

None

Employee Handbook/Manual

Anti-Discrimination Policy-Equal Employment Opportunity (EEO Policy)

Harassment Policy, Including Sexual Harassment

Adherence To Employment “at-will” relationship with all **Employees - Employers with more than 50 Employees California Employers Only**

Family Medical Leave Act Policy

California Family Rights Policy