Employment Practices Liability Insurance

Premium Indication

This information may be used to provide one or more indications (rough estimates) of premium for your organization. A more detailed application will need to be completed and reviewed in order to determine acceptability and to provide a quotation. If applicant has been involved in any claim or suit or is aware of any incident which may give rise to a claim, a full application or Supplemental Claim Form must be completed. Please complete and return this form to Tennant Risk Services for a premium indication.

Applicant: ____

Contact: ______________________________

Tel: ______________________________ eMail: ______________________________

Address: ____

Primary business activities: ____

Date Established: _______ Total Renenue: $ ________________ Website: ________________________

Type: ☐ Corporation ☐ LLC/Partnership ☐ Other: ______________________________

Full-Time Employees: _____ Part-Time Employees: _____ (Part time less than 20 hrs/week)

Temporary: ______ Seasonal: ______ Independent Contractors ______ (may not be covered): Total _______

Maximum annual percent employee turnover in any of the last 5 years: _______ % (**Answer Required!**)

Do more than 25% of all employees earn more than $50,000 incl. bonuses/commission? ☐ Yes ☐ No
Do you publish and distribute an Employee Handbook to every employee? ¨ ☐ Yes ☐ No
Do you utilize an employment application stating the employment relationship is “at will?” ☐ Yes ☐ No
Have all managers, supervisors and officers attended sexual harassment training w/in the last 18 months? ☐ Yes ☐ No
Do you have a separate personnel or human resources department? ☐ Yes ☐ No
Do you maintain a personnel file for each employee? ☐ Yes ☐ No
Does the applicant have written procedures for handling grievances or complaints, including discrimination and sexual harassment? ☐ Yes ☐ No

Total number of employment-related allegations, claims or suits in last 5 years: _____ in the last 12 months: _____

Total number of EEOC/state agency charges filed in last 5 years: _____

Do you currently have Employment Practices Coverage? ¨ ☐ Yes ¨ ☐ No

Carrier: ____________________________ Renewal Date: ________________ Premium: ________________

Limits: ___________________ Deductible: ___________________ Retrodate: ___________________

Insurance Agency: ____

Agency Contact: ____

Phone: ____

eMail: ____