

EPL Insurance Indication Questionnaire

1. General Information

- A. Name of Applicant: _____
 Address 1: _____
 Address 2: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____
- B. Describe nature of business: _____
- C. When was the company established? _____ SIC Code: _____
- D. Are you currently insured? If so, answer the following:
 i. Carrier: _____
 ii. Limit: _____
 iii. Deductible: _____
 iv. Premium: _____
 v. Renewal Date: _____
- E. Have your managers and/or supervisors attended any training and educational programs or seminars on employer-employee relations in the past year? Yes ___ No ___
- F. Current number of Employees
 Full time _____ Part Time _____ Temp/Agency _____ Temp/Payroll _____
- G. Annual estimate of seasonal work force, if any? _____ Seasonal workers work _____ months.
- H. Number of employees earning over \$75,000 annually: _____
- I. What is the average annual percentage turnover of full time employees over the past year? _____%.

2. Loss/Claims Information

- A. Have you had any losses during the past five years either insured or uninsured? Yes ___ No ___
 If yes, you will have to fill out a Supplemental Claim form for each incident or claim.
- B. Are you aware of any facts, incidents or circumstances which may result in claim(s) being made against you? Yes ___ No ___
 If yes, you will have to fill out a Supplemental Claim form for each incident or claim.

3. Human Resources

- A. Do you have a Human Resources or Personnel Department/Manager? Yes ___ No ___
- B. Do you require job applicants to use an employee application? Yes ___ No ___
 i. Does it contain at-will wording? Yes ___ No ___
- C. Do you publish an employee handbook? If no, skip to section 3D. Yes ___ No ___
 i. Do you distribute it to all employees? Yes ___ No ___
 ii. Are all employees required to sign that they received the handbook? Yes ___ No ___
 Does the Handbook contain the following policies?
 iii. Sexual Harassment? Yes ___ No ___
 iv. Equal Employment Opportunity? Yes ___ No ___
 v. Americans with Disabilities Act? Yes ___ No ___
 vi. Open Door/Grievance/Complaint? Yes ___ No ___
 vii. At-Will wording? Yes ___ No ___
 viii. Family & Medical Leave Act (if applicable)? Yes ___ No ___
 ix. Pregnancy Leave (Separate)? (Required in California) Yes ___ No ___
- D. Do you do performance evaluations for all employees? Yes ___ No ___
- E. Do have written job descriptions for all or most jobs? Yes ___ No ___
- F. Do you require that all terminations be reviewed by:
 i. Upper management or owners Yes ___ No ___
 ii. HR department Yes ___ No ___
 iii. In house counsel Yes ___ No ___
 iv. Outside legal counsel specializing in employment law Yes ___ No ___
- G. Does the applicant consult with legal counsel that specializes in employment law to discuss employee-employer relation issues other than termination? Yes ___ No ___

4. If yes to section 3F-iv. or 3G., who is the employment law counsel?

Name: _____

Law Firm: _____

City: _____

The above information is given for the purpose of obtaining a non-bindable indication of possible premium.



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