EMPLOYMENT PRACTICES LIABILITY

01 Applicant information and coverage requested

BUSINESS INFORMATION

LEGAL BUSINESS NAME

DOING BUSINESS AS (IF APPLICABLE)

WEBSITE

PRIMARY BUSINESS / MAILING ADDRESS

CITY

STATE

ZIP CODE

PRIMARY CONTACT NAME

TITLE

EMAIL ADDRESS

PHONE

OTHER OFFICES / LOCATIONS (LIST STATES AND COUNTRIES)

COVERAGE REQUESTED

Select Yes or No for each

Coverage for claims made by temporary workers against the staffing firm alleging wrongful employment practices and/or staffing services discrimination? ☐ Yes ☐ No

If Yes, complete the Temporary Workforce and Related Claims sections.

Coverage for employment-practices claims brought by temporary workers against client companies where the workers are assigned? ☐ Yes ☐ No

If Yes, complete the Client Coverage section and supply a sample client agreement.

This questionnaire does not bind coverage; additional carrier forms may be required.

PRIOR COVERAGE & FINANCIALS

02 Insurance history and fiscal-year information

PRIOR EMPLOYMENT PRACTICES COVERAGE

Has the applicant previously purchased Employment Practices Liability Insurance, either as a standalone policy or included in another policy? ☐ Yes ☐ No

POLICY YEAR | COVERAGE TYPE | INSURER / CARRIER

LIMIT | DEDUCTIBLE / RETENTION | ANNUAL PREMIUM

Has an insurer ever canceled or non-renewed EPL coverage for the applicant or a predecessor business? ☐ Yes ☐ No

If Yes, explain below.

CANCELLATION / NON-RENEWAL DETAILS (IF APPLICABLE)

FINANCIAL INFORMATION

Most recent completed fiscal year

FISCAL YEAR ENDING | GROSS REVENUE ($) | TOTAL ASSETS ($)

TOTAL LIABILITIES ($) | CURRENT ASSETS ($) | CURRENT LIABILITIES ($)

NET INCOME OR NET LOSS (WRITE ONE) | NET AMOUNT ($)

During either of the last two fiscal years, did an auditor recommend or issue a going-concern opinion? ☐ Yes ☐ No

If Yes, attach the auditor explanation or summarize on a separate page.

Include financial results for the applicant and its subsidiaries. Please attach an additional coverage-history schedule if more than one prior policy applies.

This questionnaire does not bind coverage; additional carrier forms may be required.

IN-HOUSE EMPLOYEES

03 Employee counts, compensation and engagement

IN-HOUSE STAFF HEADCOUNT

FULL-TIME EMPLOYEES

PART-TIME EMPLOYEES

OF THOSE, CA FULL-TIME EMPLOYEES

OF THOSE, CA PART-TIME EMPLOYEES

ANNUAL COMPENSATION DISTRIBUTION

Include bonuses and commissions

ANNUAL COMPENSATION BAND	FULL-TIME	PART-TIME
Less than $25,000		
$25,001 - $75,000		
$75,001 - $150,000		
$150,001 and above		

OTHER IN-HOUSE STAFFING ARRANGEMENTS

Do you use seasonal or temporary in-house employees? ☐ Yes ☐ No

HOW MANY?

WHEN / HOW OFTEN?

INCLUDED IN HEADCOUNT? (YES / NO)

Do you use leased in-house workers? ☐ Yes ☐ No

NUMBER USED IN LAST 12 MONTHS

INCLUDED IN HEADCOUNT? (YES / NO)

Do you use independent contractors? ☐ Yes ☐ No

NUMBER OF CONTRACTORS

COVERAGE REQUESTED FOR CONTRACTORS? (YES / NO)

This questionnaire does not bind coverage; additional carrier forms may be required.

HUMAN RESOURCES & PLACEMENTS

04 Internal HR practices and temporary-worker exposures

EMPLOYEE TURNOVER

OFFICERS WHO DEPARTED IN LAST 12 MONTHS

OF THESE, TERMINATED

OTHER IN-HOUSE EMPLOYEES WHO DEPARTED

OF THESE, TERMINATED

HUMAN RESOURCES CONTROLS

Have managers or supervisors attended harassment and discrimination training within the last 12 months?	☐ Yes	☐ No
Are employment policies and procedures reviewed by labor or employment counsel?	☐ Yes	☐ No
Does the applicant maintain an employee handbook?	☐ Yes	☐ No
If there is no handbook, would the applicant implement one made available through an insurance program (if offered)?	☐ Yes	☐ No
Does the applicant maintain a personnel file for every in-house employee?	☐ Yes	☐ No

TEMPORARY STAFFING PLACEMENTS

Complete if temporary-worker coverage requested

BILLABLE TEMPORARY-WORKER HOURS, LAST 12 MONTHS

OF THOSE HOURS, WORKED IN CALIFORNIA

MEDICAL PLACEMENTS | PROFESSIONAL | LEGAL | CLERICAL | MANUAL

Does the applicant maintain a separate file for each placed temporary worker?	☐ Yes	☐ No

IF YES, HOW FREQUENTLY ARE TEMPORARY-WORKER FILES UPDATED?

This questionnaire does not bind coverage; additional carrier forms may be required.

CLAIMS, COMPLAINTS & PRIVACY

05 Five-year loss history and known circumstances

CLAIMS AND REGULATORY PROCEEDINGS

In the last five years, have there been employment-practices claims against the applicant? Include demands, lawsuits, EEOC or other agency charges, investigations, and grievances. ☐ Yes ☐ No

TOTAL NUMBER OF APPLICABLE CLAIMS IN LAST 5 YEARS

In the last five years, have claims, demands, investigations, or proceedings alleged violations of immigration employment laws? ☐ Yes ☐ No

Complete if immigration-practices defense coverage is being considered.

In the last five years, have claims, demands, investigations, or proceedings alleged violations of wage-and-hour laws? ☐ Yes ☐ No

Complete if wage-and-hour defense coverage is being considered.

In the last five years, have temporary workers made employment-practices or staffing-services discrimination claims against the applicant? ☐ Yes ☐ No

NUMBER OF TEMPORARY-WORKER CLAIMS IN LAST 5 YEARS

If you have not previously had EPLI coverage, is anyone with personnel responsibility aware of conduct, complaints, or circumstances that might lead to an employment-practices claim? ☐ Yes ☐ No

PRIVACY OF PERSONNEL INFORMATION

Is access to employee personnel data (such as Social Security numbers, account data, and health information) restricted? ☐ Yes ☐ No

Are you aware of any actual or alleged event or circumstance that could give rise to a personnel-privacy claim or an allegation of improper disclosure? ☐ Yes ☐ No

For every Yes answer involving a claim, demand, complaint, investigation or known circumstance, provide details in the Claim / Circumstance Worksheet on page 8 or attach your own schedule.

This questionnaire does not bind coverage; additional carrier forms may be required.

CLIENT COVERAGE & CHANGES

06 Client-company claims, mergers and workforce changes

CLIENT-COMPANY EMPLOYMENT PRACTICES COVERAGE

If client coverage selected on page 1

Complete this section only if requesting coverage for allegations by temporary workers against client companies. Provide a sample client service / staffing agreement when available.

Is a copy of a typical written staffing-client contract attached? ☐ Yes ☐ No

In the last five years, have temporary workers made employment-practices claims against any client to be considered for coverage? Include agency charges, investigations, demands and suits. ☐ Yes ☐ No

NUMBER OF CLIENT-COMPANY RELATED CLAIMS IN THE LAST FIVE YEARS

If you have not previously held EPLI coverage, does anyone with personnel responsibility know of a circumstance that might lead to a temporary-worker claim against a client? ☐ Yes ☐ No

CLIENT CLAIMS / CONTRACT DETAILS OR EXPLANATION (IF APPLICABLE)

BUSINESS AND WORKFORCE CHANGES

Do you anticipate a merger, acquisition or added operations increasing in-house employee count by at least 25% or 10 employees, whichever is greater? ☐ Yes ☐ No

If Yes, describe the transaction and expected timing on a separate sheet.

In the past 12 months, have in-house staff reductions, layoffs or closures reduced headcount by more than 10% or five people, whichever is greater? ☐ Yes ☐ No

If Yes, complete Past Reduction in Force on page 7.

Do you anticipate a headcount reduction above that same threshold in the next 12 months? ☐ Yes ☐ No

If Yes, complete Planned Reduction in Force on page 7.

This questionnaire does not bind coverage; additional carrier forms may be required.

REDUCTION IN FORCE

07 Complete the relevant supplement when a threshold is triggered

PAST REDUCTION IN FORCE

If Yes to past reduction on page 6

NUMBER LAID OFF	DATE(S) LAYOFFS OCCURRED

Did the applicant consult and follow advice from a lawyer experienced in labor and employment law when implementing the layoff or closure?	☐ Yes	☐ No
Were severance packages offered to all laid-off workers?	☐ Yes	☐ No
Were signed releases obtained from all laid-off workers?	☐ Yes	☐ No
Were exit interviews conducted with all laid-off workers?	☐ Yes	☐ No
Did any laid-off worker express an intention to bring a complaint or claim?	☐ Yes	☐ No

PLANNED REDUCTION IN FORCE

If Yes to planned reduction on page 6

NUMBER EXPECTED TO BE LAID OFF	EXPECTED EFFECTIVE DATE(S)

Will the applicant consult and follow advice from a lawyer experienced in labor and employment law when implementing the reduction?	☐ Yes	☐ No
Will severance packages be offered to all affected workers?	☐ Yes	☐ No
Will signed releases be obtained from all affected workers?	☐ Yes	☐ No
Will exit interviews be conducted with all affected workers?	☐ Yes	☐ No
If an unexpected significant layoff becomes necessary, will the applicant consult qualified labor and employment counsel before implementing it?	☐ Yes	☐ No

Attach further details of any past or planned reduction, including dates, reasons, employee notices and related complaints. Carrier-specific HR consultation requirements will be reviewed separately.

This questionnaire does not bind coverage; additional carrier forms may be required.

CLAIM / CIRCUMSTANCE WORKSHEET

08 Complete for each reportable claim, complaint or potential claim

Use this worksheet for each matter disclosed elsewhere in the application. If there are multiple matters, attach additional descriptions with the same information.

PEOPLE AND PROCEEDING

CLAIMANT(S)

CLAIMANT TITLE / POSITION

DEFENDANT(S) / RESPONDENTS

POSITION / TITLE(S)

STATUS: INCIDENT / CLAIM / SUIT

COURT / AGENCY / VENUE

DATE OF EVENT OR ACT

DATE MATTER REPORTED

ALLEGATIONS AND REPRESENTATION

DESCRIPTION OF ALLEGATIONS, EMPLOYMENT ISSUES AND CURRENT STATUS

DEFENSE LAWYER / LAW FIRM

CLAIMANT LAWYER / LAW FIRM

FINANCIAL DETAILS AND RESPONSE

IF CLOSED: TOTAL PAID, DEFENSE AND INDEMNITY ($)

IF OPEN: CLAIMANT DEMAND ($)

INSURER RESERVES ($)

DEFENSE COSTS TO DATE ($)

SETTLEMENT OFFER ($)

APPLICANT ESTIMATED SETTLEMENT / EXPOSURE ($)

CORRECTIVE / REMEDIAL ACTION TO PREVENT A SIMILAR MATTER

This questionnaire does not bind coverage; additional carrier forms may be required.

CERTIFICATION & SUBMISSION

09 Review, sign and submit with any supporting documents

DISCLOSURE GUIDANCE

Known circumstances can include internal complaints of harassment, discrimination or unfair treatment; threatened legal action; demands for additional severance; or other facts reasonably likely to give rise to a claim. Include both formal claims and relevant complaints or agency proceedings.

APPLICANT CERTIFICATION

The undersigned certify, after reasonable inquiry, that the responses and attachments are true, complete and include material information to the best of their knowledge. The applicant agrees to notify INVO Underwriting promptly of any material change before the policy inception date. Submission does not bind an insurer to offer, or the applicant to accept, coverage. A carrier may require its own application, disclosures and signatures.

Typed signatures on this intake form identify the signers but are not authenticated digital signatures. INVO or the carrier may request a separately signed application or electronic signature before binding.

AUTHORIZED SIGNATURES

AUTHORIZED PRINCIPAL / OFFICER - TYPED SIGNATURE

TITLE

DATE (MM/DD/YYYY)

AUTHORIZED HUMAN RESOURCES REPRESENTATIVE - TYPED SIGNATURE

TITLE

DATE (MM/DD/YYYY)

SUBMISSION CHECKLIST

Please include, when available: (1) staffing-client agreement if client coverage is requested; (2) claim or circumstance descriptions for all disclosed matters; (3) details of reductions in force, canceled coverage or pending acquisitions; (4) additional prior-carrier history if applicable.

Send the completed PDF and supporting materials through your secure INVO submission channel or to your INVO underwriting contact. Please avoid sending Social Security numbers or medical records by ordinary email.

This questionnaire does not bind coverage; additional carrier forms may be required.