



**A Division of NIF Group, Inc.**

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**EMPLOYMENT PRACTICES LIABILITY INSURANCE INDICATION SHEET**

1. Name of applicant: \_\_\_\_\_
2. Primary address: \_\_\_\_\_
3. Description of primary business activities: \_\_\_\_\_
4. Does the applicant want any subsidiary(s) covered?  Yes  No If yes, provide name(s), nature of operations and the percentage of ownership that the applicant has in subsidiary:  
\_\_\_\_\_  
\_\_\_\_\_
5. Total number of employees (including all locations and subsidiaries): Full Time: \_\_\_\_\_  
Part Time: \_\_\_\_\_ Leased: \_\_\_\_\_ Seasonal: \_\_\_\_\_  
Independent Contractors: \_\_\_\_\_ Other: \_\_\_\_\_
6. Date of Organization: \_\_\_\_\_
7. Percentage of employees who earn over \$50,000 annually: \_\_\_\_\_%
8. How many employees have been involuntarily terminated in the last 3 years? \_\_\_\_\_
9. Have you had any layoffs in the past 24 months?  Yes  No  
Do you anticipate any layoffs in the next 24 months?  Yes  No If yes, please provide details.
10. Annual turnover rate for each of the past 3 years: 2003 \_\_\_\_\_% 2004 \_\_\_\_\_% 2005 \_\_\_\_\_%
11. Annual sales: \$ \_\_\_\_\_ Annual payroll: \$ \_\_\_\_\_
12. Does the applicant currently carry Employment Practices Liability Insurance?  Yes  No  
If yes, who is the carrier, what is the effective date, expiration date, limit, deductible, premium and retroactive date? \_\_\_\_\_  
\_\_\_\_\_
13. Does you have a Human Resource Department?  Yes  No
14. Do you utilize an Employee Handbook?  Yes  No If yes, does it contain an Internet/Email policy?  Yes  No An Anti-Discrimination policy?  Yes  No  
An Anti-Harassment policy?  Yes  No
15. Do you utilize an application for Employment?  Yes  No
16. Are you aware of any circumstance that may result in an employment practices claim?  
 Yes  No If yes, please attach details.
17. Have there been any employment practices claims and/or grievances made against the proposed Insured in the last 5 years?  Yes  No If yes, please attach details.