

# Employment Practices Liability Insurance Proposal Form

Please read the questions carefully before answering and use CAPITAL LETTERS throughout.

**Important note:** Please make sure that the information you give is as clear and complete as possible. If you require additional space to answer any of the questions, please detail fully on a separate attachment.

## General Details

*The proposer means the Insured Organisation. All questions are to be answered for the proposer.*

1. Name of the Proposer:	Business Description:
2. Address of Head Office:	Telephone/Fax/E-Mail:

## Employee Information

1. Please list the total number of employees during the current year and historical employee count for previous years.

*Please use Whole Time Equivalent (WTE) to calculate the total number of employees.*

*WTE of 1 = 1 Full-Time Employee. WTE of 0.5 = Part-Time Employee.*

Year	Full-Time	Part-Time	Temporary	Agency	Total
This Year					
Year-1 (Last Year)					
Year-2					

2. Please state the % of employees in the following payroll ranges.

Payroll	Less Than €25,000	€25,001- €60,000	€60,001 - €100,000	Greater than €100,000	Total
% of employees	%	%	%	%	100%

3. Please state the latest total annual payroll:\*

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*\*Payroll means the employees total remuneration including overtime, value of board and lodging, housing accommodation, bonuses and any other prerequisites in kind, or money received by the employees in connection with their employment without any deduction in respect of social welfare insurance, income tax, holidays with pay or pension contributions. Employers PRSI should not be included.*

4. Do all employees have a signed contract of employment?

Yes  No

5. How many involuntary terminations/redundancies and voluntary resignations have occurred in the past two years, and how many of these were managers or directors?

Category	Type of Termination	20__	20__
<b>All Employees</b>	Involuntary Terminations/Redundancies		
	Voluntary Resignations		
<b>Managers/Directors</b>	Involuntary Terminations/Redundancies		
	Voluntary Resignations		

## Changes in Risk

1. Is the proposer currently undertaking or contemplating any of the following in the next 12 months:

Mergers

Yes  No

Employee Layoffs

Yes  No

Employee Early Retirements

Yes  No

*If "Yes", to any of the above please provide full details on a separate attachment.*

2. Does the proposer currently have Employment Practice Liability Insurance?

Yes  No

*If "yes", please state:*

Insurer	Indemnity Limit	Expiry date	Excess	Retroactive Date	Pending & Prior Litigation Date
	€	/ /		/ /	/ /

3. Has the proposer ever had any Insurer decline a proposal, impose restrictive conditions on or cancel or indicate intent not to renew an Employment Practice Liability Insurance policy?

Yes  No

*If "yes", please attach full details explaining reason(s).*

## Claims Information

1. Are there now or have there been over the past five years any Employment Practice claim(s), allegations or incidents against the proposer or any of the individuals seeking cover in this policy?

Yes  No

*If "yes", please attach full details regarding the type of claim; the parties involved; and any settlement including amounts of any judgments or settlements and costs of defence.*

## Human Resources/Risk Management

1. Does the proposer have a central human resource (HR) or personnel department?  Yes  No

2. Does the proposer have a HR manual or equivalent written management guidelines?  Yes  No

**If "Yes"**

**a) Are all employees:**

Provided with a copy of such manual?  Yes  No

Provided with training in the proper implementation of the proposer's personnel policies and procedures?  Yes  No

**b) Does the HR manual address the following topics/issues:**

Written application for employment  Yes  No

Legally prohibited discrimination  Yes  No

Compliance with employment and related laws  Yes  No

Redundancies, termination of employment and early retirement  Yes  No

Employee appraisals/reviews  Yes  No

Confidential treatment of medical examinations  Yes  No

Sexual harassment  Yes  No

Employee disciplinary actions including grievance procedures  Yes  No

Employee out-placement services  Yes  No

Equal opportunity  Yes  No

Discrimination  Yes  No

Reference checks of incoming employees and contractors/agency personnel  Yes  No

Procedures to facilitate resolution of a complaint covered by an employee  Yes  No

***If you have answered "No" to any of the above, please provide full details on how these HR topics/issues are handled in a separate attachment.***

3. Does the proposer:  
a) Comply with all statutory requirements concerning its employees?  Yes  No

b) Post all notices required by law in places conspicuous to all employees and applicants for employment?  Yes  No

***If you have answered "No" to any of the above, please provide full details on how these HR topics/issues are handled in a separate attachment.***

4. Does the proposer periodically have its employment policies, procedures and forms reviewed by outside specialist employment lawyers?  Yes  No

5. Does the proposer require its managers and/or supervisors to attend regular periodic training programmes on:  
a) Employer-employee relations  Yes  No

b) Discrimination-harassment issues  Yes  No

c) Their responsibility to give prompt notice to management of any claims, allegations or incidents  Yes  No

## Declaration

We declare that the statements and information in this proposal are true and accurate and no material facts have been misstated or suppressed after enquiry. We agree that this proposal, together with any other information supplied shall be incorporated into and form the basis of any Contract of Insurance effected thereon. We undertake to inform Irish Public Bodies Mutual Insurances Ltd. of any material alteration to those facts occurring, or if any new fact or matter arises which may be relevant to the consideration of the proposal, before completion of the Contract of Insurance. Material facts are those facts which might influence the acceptance or assessment of this proposal.

We understand and agree that if any facts, incidents or circumstances exist which may reasonably give rise to a claim under this proposed policy, then any claims arising from such facts, incidents or circumstances are excluded from coverage there under. Failure to disclose such known facts incidents or circumstances will void the proposed policy.

<b>Print Name:</b>
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<b>Title:</b>
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<b>Signed:</b>	<b>Date:</b> /     /
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## Attachments/Enclosures

Please enclose with this proposal form:

- Employee handbook
- Human resources manual/guidelines
- Proposer's most recent annual report/financial statements

Please indicate the total number of additional pages attached to this proposal  and return all documents to the Underwriting Department at the address below.