

National Casualty Company
 Home Office: Madison, Wisconsin
 Adm. Office: 8877 North Gainey Center Drive
 Scottsdale, Arizona 85258

Scottsdale Indemnity Company
 Home Office: One Nationwide Plaza
 Columbus, Ohio 43215
 Adm. Office: 8877 North Gainey Center Drive
 Scottsdale, Arizona 85258

Scottsdale Insurance Company
 Home Office: One Nationwide Plaza
 Columbus, Ohio 43215
 Adm. Office: 8877 North Gainey Center Drive
 Scottsdale, Arizona 85258

Scottsdale Surplus Lines Insurance Company
 Adm. Office: 8877 North Gainey Center Drive
 Scottsdale, Arizona 85258

1-800-423-7675

**Public Entity Application
 Employment Practices Liability (Claims Made) Section**

Please attach a separate page for answers requiring explanations.

Legal Name of Public Entity: _____ **Effective Date:** _____

A. COVERAGE REQUESTED

1. Limit of Liability: Each Wrongful Act: \$ _____ Annual Aggregate: \$ _____
2. Deductible Requested: \$ _____ or
 SIR Requested: \$ _____ With LAE Included in Retention Without LAE in Retention
 TPA Name, Address, Telephone, and Facsimile: _____
3. Extended Employment Practices Liability Coverage Options: _____
 - a. Back Wages? Yes No
 Limits (per wrongful act): \$10,000 \$25,000 \$50,000 \$100,000 \$1,000,000
 - b. Mental Anguish? Yes No
 - c. Non-Monetary Defense? Yes No
 If yes, choose coverage and limit:
 Indemnity coverage: Limits (per wrongful act/per policy period):
 \$10,000/\$50,000 \$25,000/\$50,000 \$50,000/\$50,000
 Company provides defense: Limits (\$100,000 per wrongful act/\$100,000 per policy period)
4. Consent to Settle Coverage Option? Yes No

B. EMPLOYEE INFORMATION

1. Number of Employees:

	Full-time	Part-time	Seasonal	Volunteers
No. of Employees				

- a. If elected or appointed officials receive remuneration, include in employee count.
- b. How many of your employees are:
 - (1) School employees? _____
 - (2) Law enforcement employees (including clerical personnel)? _____
 - (3) Paid fire department employees? _____
 - (4) Volunteer fire department employees? _____
- c. If seasonal employees are included, how many months during the year are they utilized? _____

2. Please provide:

	1 Year Prior	2 Years Prior
Total No. of employees:		
Total No. of employees terminated:		
Total No. of employees who left voluntarily:		

3. Have there been any layoffs of employees or reductions in service? Yes No
 If yes, please explain: _____
4. a. Do you have a formal reduction in-force policy? Yes No
 b. Has this policy been reviewed by legal counsel? Yes No
5. Have you had a strike, slowdown or other employee disruption? Yes No
 If yes, please explain: _____

C. POLICIES AND PROCEDURES

1. Do you have an employee handbook or manual? Yes No
 a. If yes:
 (1) Does every employee receive a copy? Yes No
 (2) Do you obtain written acknowledgement that employees have received the handbook? Yes No
 If yes, where are the acknowledgments maintained? _____
 (3) Has the handbook been reviewed by legal counsel? Yes No
 (4) What is the last review date by legal counsel? _____
 (5) How often is the handbook reviewed by legal counsel? _____
 b. If no, how do you communicate your employment policies and procedures to employees? _____

2. a. Do you follow formal written procedures and do all supervisory personnel receive training in the procedures for each of the following areas?

	Written Procedures	Supervisory Training		Written Procedures	Supervisory Training
Americans With Disabilities Act	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Pre-Termination Hearings	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Discrimination	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Progressive Disciplinary Program	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Disputes or Grievances	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Salary Administration	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Employee Hiring	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Sexual Harassment	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Handling Complaints	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Termination	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Interviews	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Time-Off Policies & FMLA	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Performance Reviews	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			

- b. What is the date of the last review by legal counsel? _____
 c. Are signed acknowledgements of supervisory training required? Yes No
3. Are grievance procedures communicated to all personnel upon hiring? Yes No

D. UNDERWRITING INFORMATION

1. Do you have a human resources department? Yes No
 a. If yes, name and title of individual in charge of human resources: _____
 b. If no, explain how the function is handled: _____

2. Do you have someone responsible for human resources/employment issues for your law enforcement personnel? Yes No
 - a. If yes, name and title of individual in charge: _____
 - b. If no, explain how the function is handled: _____
3. Are formal written job descriptions in place for all positions?..... Yes No
4. Do you have a formal, standardized employment application?..... Yes No
 - a. Has it been reviewed by legal counsel?..... Yes No
 - b. If no application is used, how do you recruit new employees? _____
5. Do you follow civil service guidelines? Yes No
6. Do you use a psychological test to screen applicants, to promote employees or for the purpose of continuing employment?..... Yes No
 - a. If yes, is it administered to everyone?..... Yes No
 - b. If no, please explain: _____
 - c. Confirm results are reviewed by a person trained in this field? Confirmed Not Confirmed
7. Do you provide a written performance evaluation for all employees?..... Yes No

If yes, how often? _____

If no, explain how the employee evaluations are handled?_____
8. Do you require counsel from a human resources professional or a qualified labor relations attorney prior to termination of any employee? Yes No
9. Do you have an administrative hearing process in place?..... Yes No
10. Are you currently required to comply with any judicial or administrative agreement, order, decree or judgment relating to employment? Yes No

If yes:

 - a. attach a copy; and
 - b. explain the actions taken by the insured to bring into compliance: _____
11. Has there been continuous claims made coverage for the past five years?..... Yes No

If no, please explain: _____

E. LOSS HISTORY

In the last five years:

1. Has any person, former employee, volunteer or job applicant made a claim or alleged unfair or improper treatment regarding hiring, remuneration, advancement or termination?..... Yes No

If yes, provide a detailed narrative.
2. Have you had any disputes involving integration, segregation, discrimination or violation of civil rights including sexual harassment or the Americans With Disabilities Act (ADA)? Yes No

If yes, provide a detailed narrative.
3. How many Equal Employment Opportunity Commission and State Human Rights Commission claims or complaints have been filed against the entity? _____

If any, attach a log of all such claims or complaints.

Signature of Human Resources Manager/Employment Supervisor

Signature of Police Chief/Sheriff