

**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

## Public Entity Application Employment Practices Liability (Claims Made) Section (Standard Application)

Please attach a separate page for answers requiring explanations.

Legal Name of Public Entity: \_\_\_\_\_ Effective Date: \_\_\_\_\_

<b>A.</b>	<b>COVERAGE REQUESTED</b>
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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 (Indemnity coverage)? .....  Yes  No  
 Limits (per wrongful act/per policy period):  \$10,000/\$50,000  \$25,000/\$50,000  \$50,000/\$50,000
  - d. Non-Monetary Defense (Company provides defense)? .....  Yes  No  
 Limits (\$100,000 per wrongful act/\$100,000 per policy period)
4. Consent to Settle Coverage Option? .....  Yes  No

<b>B.</b>	<b>EMPLOYEE INFORMATION</b>
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1. Number of Employees:

	Full-time	Part-time	Seasonal
No. of Employees			

- a. The following questions will assist in obtaining a proper employee count:
  - (1) If volunteers are covered by your state's workers compensation laws, include in employee count.
  - (2) If elected or appointed officials are paid employees, include in employee count.

(3) If seasonal employees are included in employee count, how many months during the year are they utilized?

b. How many of these employees are:

(1) School employees? \_\_\_\_\_

(2) Law enforcement employees? \_\_\_\_\_

(3) Fire department employees? \_\_\_\_\_

2. Total Number of Employees:

	1 Year Prior	2 Years Prior	3 Years Prior
Total No. of Employees			

3. Total number of employees terminated in the past three years:

	1 Year Prior	2 Years Prior	3 Years Prior
Total No. of Employees			

4. Total number of employees who left voluntarily over the past three years:

	1 Year Prior	2 Years Prior	3 Years Prior
Total No. of Employees			

5. Have there been any layoffs of employees or reductions in service? .....  Yes  No  
If yes, please explain: \_\_\_\_\_

6. Do you have any plans to lay off 5% or more of employees within the next 24 months?.....  Yes  No

a. Do you have a formal reduction in force policy? .....  Yes  No

b. Has this policy been reviewed by legal counsel?.....  Yes  No

7. 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 get written acknowledgement that employees have received the handbook? .....  Yes  No

(3) What is the last review date 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	Performance Reviews?	<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

	Written Procedures	Supervisory Training		Written Procedures	Supervisory Training
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
Pre-Termination Hearings?	<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? .....  Yes  No
- 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  
 If yes, total number of staff? \_\_\_\_\_  
 If no, explain how the function is handled: \_\_\_\_\_
2. Are formal written job descriptions in place for all positions? .....  Yes  No
3. 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? \_\_\_\_\_
4. Do you use a psychological test to screen applicants, to promote employees or for the purpose of continuing employment? .....  Yes  No  
 If yes:
- a. Is it administered to everyone? .....  Yes  No  
 If no, please explain: \_\_\_\_\_
- b. Confirm results are reviewed by a person trained in this field?.....  Confirmed  Not Confirmed
5. Confirm that you provide a written performance evaluation for all employees at least annually?.....  Confirmed  Not Confirmed
6. Do you require advice from a human resource person or qualified legal counsel prior to terminating an employee? .  Yes  No
7. Are you currently required to comply with any judicial or administrative agreement, order, decree or judgment relating to employment? .....  Yes  No  
 If yes:
- (1) attach a copy; and
- (2) explain the actions taken by the insured to bring into compliance.
8. 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? \_\_\_\_\_

**ATTACH A LOG OF ALL SUCH CLAIMS OR COMPLAINTS.**