



## Spectrum Optional Coverage Underwriting Questions

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## EPLI (Employment Practices Liability Insurance)

[Back to Optional Coverage Underwriting Questions](#)

Please note: Many of the questions listed below (denoted by arrows ➡) will only appear in ICON 2.0 when the optional coverage is selected and when specific risk characteristics are entered, or certain answers are provided to preceding questions.

Select the insured's expiring limit of EPLI coverage:

- 25,000/25,000  
 50,000/50,000  
 100,000/100,000  
 100,000/200,000  
 250,000/250,000  
 500,000/500,000  
 1,000,000/1,000,000  
 Other Limit  
 No Expiring EPLI Coverage

➡ Please provide expiring EPLI limit.

A signed EPLI application must be maintained on file by the agent. Applications can be retrieved from the EBC website. (Forms tab - Applications & Worksheets) Is a signed EPLI application on file for this insured?

- Yes  
 No

➡ Provide the retroactive date of the expiring EPLI coverage.

➡ Has the applicant maintained/purchased continuous EPLI coverage from the requested Retroactive date until the present?

- Yes  
 No

➡ Provide the effective date of expiring EPLI coverage.

➡ Provide the carrier of expiring EPLI coverage.

Has the insured had a workforce reduction of greater than 25% in any 2 of the past 3 years?

- Yes  
 No

Do the insured anticipate a workforce reduction of greater than 25% in the next year?

- Yes  
 No

Please provide the insured's total number of employees, including temporary, part-time, leased workers and independent contractors.

Do greater than 25% of the insureds employee's have salary equal to or greater than \$100,000?

- Yes  
 No

How many employment related claims, administrative proceedings, EEOC action letters or attorney letters have you experienced in the past three years?:

- 0  
 1  
 2 or more

➡ Is any person proposed for coverage aware of any fact or circumstance or any actual or alleged act, error or omission which might give rise to a claim that would fall within the scope of the proposed coverage?

- Yes  
 No

➡ Has a signed, state specific disclosure form been obtained from the insured for the applicable claims-made coverage?

Yes

No

➔ Please indicate which of the following written employment related policies are in place and easily accessible for all employees to reference: (select all that apply)

An employment-at-will statement

An employee handbook or HR policies/procedures

None of the Above

➔ Please indicate which of the following written employment related policies are in place, and are easily accessible for all employees to reference: (select all that apply)

A written employment application

An employment-at-will statement

An employee handbook or HR policies/procedures

None of the Above

➔ Select all that apply to the insured's operation(s):

A written procedure for reporting and tracking claim and incident information is in place.

Regular written performance evaluations of all employees are conducted.

Requires all terminations to be reviewed by Human Resources or Legal Counsel.

None of the Above