



**PUBLIC ENTITY EMPLOYMENT-RELATED PRACTICES LIABILITY
ADDITIONAL INFORMATION REQUEST**

THIS COVERAGE IS PROVIDED ON A CLAIMS-MADE BASIS. DEFENSE EXPENSES WILL BE APPLIED AGAINST THE DEDUCTIBLE AMOUNT. DEFENSE EXPENSES ARE PAYABLE WITHIN, AND ARE NOT IN ADDITION TO, THE LIMITS OF INSURANCE. PAYMENT OF DEFENSE EXPENSES WILL REDUCE, AND MAY EXHAUST, THE LIMITS OF INSURANCE.

Answer each question on behalf of all entities seeking insurance coverage, unless specifically requested otherwise.

An Additional Information section is provided at the end of this document for any information that exceeds the space provided.

GENERAL INFORMATION

Proposed First Named Insured & Other Named Insured(s): City of Longview		Today's Date: 04/23/2020
Proposed Effective Date (mm/dd/yyyy): 10/1/2020	Proposed Expiration Date (mm/dd/yyyy): 9/30/2021	

INSURANCE COVERAGE AND LIMITS INFORMATION

- Each Wrongful Employment Practice Offense Limit/Aggregate Limit:
 \$1,000,000/\$1,000,000 \$2,000,000/\$2,000,000 Other 1,000,000 / \$2,000,000
- Deductible: \$15,000 \$25,000 Other _____
- Do you currently carry Employment Practices Liability Insurance?..... Yes No
- Continuous Claims Made Retroactive Date (mm/dd/yyyy): _____
- Prior coverage information:
 - Insurer: TML
 - Each Wrongful Employment Practice Offense Limit/Total (Aggregate) Limit: \$ 1,000,000 / \$ 2,000,000
 - Retroactive Date (mm/dd/yyyy): _____
 - Deductible or Retention: \$ 25,000
 - Policy Period (mm/dd/yyyy-mm/dd/yyyy): 10/01/2019-09/30/2020
 - Premium: \$ 463,703

EMPLOYEE AND EXPOSURE INFORMATION

6. Table A: List ALL employees or individuals to be insured under this program.

Table A:	Full-Time Employees (≥ 32 Hours Per Week)	Part-Time Employees	Seasonal Workers	Leased Workers	Independent Contractors*	Firefighters	Elected or Appointed Officials
Total Number:	700	49	100	0	0	170	7
No. of Voluntary Terminations in past 12 mos.	106	14	19	0	0	5	0
No. of Involuntary Terminations in past 12 mos.	16	1	0	0	0	0	0

*Independent Contractor means any person who is not your employee or volunteer worker, but who performs duties related to the conduct of your business because of contract or agreement between you and that person for specified services. NOTE: independent contractors are not considered insureds under this application for insurance.

Table B: Provide the percentage of Emergency Responders** compared to the total exposure. Example: The total for all exposures equals 200. If there are 20 Emergency Responders that is 10% of the total.

Check the applicable percentage box that applies:

Table B: Percentage of Emergency Responders** to Total Employee Count	0%	1-10%	11-15%	16-25%	26-40%	>40%
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

** Emergency Responders includes the total number of your full, part-time, seasonal and leased employees working for the Police/Sheriff Department, Jail/Detention Center, 911 Dispatch, Emergency Services (Fire/Paramedic/EMT) – if included in Table A).

7. List any departments or operations that have a separate Employment Practices Liability insurance program (do not include the employee numbers in the tables above): _____
8. What percentage of your workforce:
- a. Is unionized? 0%
- b. Is comprised of volunteer workers? 1%
9. Do you anticipate any of the following, including those resulting from any type of restructure or privatization of service, within the next 12 months?

Description	No. of Employees Involved	Job Categories involved
a. Layoffs <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b. Terminations <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
c. Workforce reductions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
d. Furloughs <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

HUMAN RESOURCES INFORMATION

10. Do you have a human resources department? Yes No
 If no, is there an individual designated to handle all employment related incidents?..... Yes No
 If no, please describe how human resources function is handled: _____
11. Are all involuntary terminations reviewed and approved by (check all that apply):
- Immediate supervisor Outside employment counsel Human resources manager
 Inside legal counsel Other: **Department manager and director; consult with HR if needed**
12. Are all prospective employees required to complete a standard employment application prior to hire?..... Yes No
 If yes, does it contain:
- a. An employment at-will statement? Yes No
 b. An authorization to check references?..... Yes No
 c. The applicant's signature attesting that all representations are true?..... Yes No
 d. An equal opportunity statement? Yes No
13. At what point in the process, do you ask an applicant about criminal convictions?
- Pre-Employment Application After 1st Interview Conditional Employment Offer
 Other: _____

14. Do you have published policies or procedures that address the following:

Policy or Procedure Description		Last Review Date (mm/dd/yyyy)	Do you have annual training for your managers and supervisors?
Equal employment opportunity (EEO) policy	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	3/25/2010	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Discrimination (anti-discrimination) policy	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	10/19/2017	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Discipline/discharge/termination policy	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	10/24/2019	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Workplace harassment, including sexual harassment, policy	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	10/19/2017	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Hiring/interviewing policy	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	10/24/2019	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Reporting, investigating and resolving employee complaints (grievance policy)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	10/24/2019	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Written annual performance appraisals/reviews	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	10/19/2017	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Salary administration/job descriptions	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	10/19/2017	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Accommodating the disabled	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	09/13/2018	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Retaliation	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	10/19/2017	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

15. Does legal counsel periodically review and approve all changes to your policies and procedures?..... Yes No

16. Are the above policies and procedures contained in an employee handbook or manual that is distributed to and acknowledged by all employees? Yes No
 If no, how are policies communicated to employees? _____

17. Do you conduct annual employee training on:

- a. Discrimination? Yes No
- b. Workplace harassment? Yes No
- c. Ethics/compliance? Yes No
- d. Customer service/complaint training? Yes No

18. Are you currently required to comply with any judicial or administrative agreement, order, decree or judgment relating to employment? Yes No
 If yes, please attach a copy.

19. Has there been during the past five years, or is there now pending, any of the following items against you or any of your employees involving an employment matter (whether reported to an insurer or not):

- a. Written demand for monetary damages? Yes No
- b. Civil or criminal proceeding? Yes No
- c. An administrative or arbitration proceeding? Yes No
- d. Any complaint, charge, or investigative proceeding before the EEOC or similar state or local agency? Yes No

If yes, please complete the following table. If additional space is needed use the Additional Information section at the end of this document.

Date (mm/dd/yyyy)	Claimant Name	Nature of action	Current Status
4/1/2016	Matthew Reusing	Wrongful Termination	Settled
4/1/2020	Kevin Golden	Wrongful Termination	Pending

20. Do you or any of your employees have knowledge or information of any alleged violation of any law, internal complaint, or circumstance, related to employment which could reasonably give rise to a claim? Yes No
 If yes, attach details.

FRAUD STATEMENTS – ATTENTION APPLICANTS IN THE FOLLOWING JURISDICTIONS

ALABAMA, ARKANSAS, DISTRICT OF COLUMBIA, MARYLAND, NEW MEXICO, AND RHODE ISLAND: Any person who knowingly (or willfully in MD) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (or willfully in MD) presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

COLORADO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

FLORIDA: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

KANSAS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the insurance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

KENTUCKY, NEW JERSEY, NEW YORK, OHIO, AND PENNSYLVANIA: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. (In New York, the civil penalty is not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation.)

LOUISIANA, MAINE, TENNESSEE, VIRGINIA, AND WASHINGTON: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

OREGON: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

SIGNATURES

Producer information only required in Florida and Iowa.

Authorized Representative Signature*: x <i>B. Hubbard</i>	Authorized Representative Name – Printed: Bonnie Hubbard	Date (mm/dd/yyyy): <i>04/27/2020</i>
Producer Signature*: x	State Producer License No (required in FL):	Date (mm/dd/yyyy):
Agency: HUB International	Agency Contact: Cameron Jones	Agency Phone Number: 817-820-8163

* If you are electronically submitting this document, apply your electronic signature to this form by checking the Electronic Signature and Acceptance box below. By doing so, you agree that your use of a key pad, mouse, or other device to check the Electronic Signature and Acceptance box constitutes your signature, acceptance, and agreement as if actually signed by you in writing and has the same force and effect as a signature affixed by hand.

- Electronic Signature and Acceptance – Authorized Representative
- Electronic Signature and Acceptance – Producer

ADDITIONAL INFORMATION

This area may be used to provide additional information to any question. Please reference the page number and question.