

Employment Practices Liability Insurance Eligibility Quick Questionnaire

GENERAL INFORMATION

Date Form Completed: _____ Person Completing Form: _____

How did you hear about Moody? _____

Business Name (incl Corp and T/A names): _____

Contact Person: _____ Title: _____

Mailing Address: _____

Location Address: _____

Phone: _____ Fax: _____ Email: _____

Federal ID #: _____ Year Business Established: _____ Website: _____

Non-Profit Private Company Entity Type (Corp, Sole Prop, LLC, etc.): _____

Description of Business Operations (including typical services performed, clients served, products, etc.): _____

States in which you do business: _____ Revenues: _____ # FT Employees: _____ # PT Employees: _____ #Volunteers: _____

UNDERWRITING Q&A – *Please provide details for these YES answers in COMMENTS section below

Does the organization engage in any international operations or travel? Yes* No

Does the organization have any subsidiaries or control any other entity or organization for which coverage is requested? Yes* No

Does the organization have written guidelines, policies or procedures related to the following:

Yes No Employment at Will? Yes No Equal Employment Opportunity?

Yes No Discrimination? Yes No Disabled Employees and Reasonable Accommodations?

Yes No Sexual and Other Workplace Harassment? Yes No Reporting, Investigating and Resolving Employee Complaints?

Does the organization: Yes No Utilize employment applications? Yes No Document employee performance?

In the past 5 years has the organization been involved in any action or civil suit alleging harassment, discrimination, or civil right violations? Yes* No

Does this organization have current or prior Employment Practices Liability insurance coverage? Yes No

If Yes: Insurance Company: _____ Effective/Expiration Date: _____ Coverage Limit: _____

COMMENTS AND ADDITIONAL INFORMATION