

Name of Organization: _____ Requested effective date: ____/____/____

Mailing Address: _____
(street) (county) (city) (state) (zip code)

Phone: _____ Fax: _____ FEIN No.: _____

Email address: _____ Web site address: _____

Administrator or CEO/Insurance Contact Person: _____

Years in Business: ____ Annual Revenue: _____ How did you hear about us? _____

Nature of Business: _____

- Do you publish an employee handbook and distribute to all employees? Yes No
- Does the employee handbook contain an at-will statement? Yes No
- Do you obtain a signed acknowledgement? Yes No
- Do you have an anti-harassment policy and procedure? Yes No
- Do you have a written employee grievance policy and procedure? Yes No
- Do you have an anti-discrimination policy and procedure or EEOC statement? Yes No
- Do you require managers and supervisors to receive training on HR related issues? Yes No
- Do you have an HR Manager or use an HR management service? Yes No
- Do you require all terminations to be reviewed by HR/legal counsel or upper mgmt? Yes No
- Do you use an employment labor law firm for your HR issues? Yes No
- Do you use an employment application? Yes No
- Do you have a formal training program for all new employees? Yes No
- Do you provide all employees with a written employee performance evaluation? Yes No
- Do you have written job descriptions? Yes No
- Do you have written arbitration procedures? Yes No
- Total number of employees: _____
Full time _____ Part time _____ Union _____ Seasonal _____ Temporary _____
- Average employee turnover rate the past 3 years _____ %
Do you intend to make any acquisitions or close any facilities within the next year? Yes No
If yes, please provide details

- Have you been involved in any claims or lawsuits, including EEOC in the past three years involving employment related claims, such as wrongful termination, discrimination or harassment? Yes No
If yes, please provide details including the nature of the allegations, current status of the claim, and any legal expenses incurred or paid and any settlement paid by either you or an insurance company.
- Are you aware of any past or present situations that could result in a claim? Yes No
If yes, please provide details.

Submitter's Name/Signature

Date