

EMPLOYMENT PRACTICES LIABILITY ADDENDUM

1. Name of the Proposer: _____
2. Number of Full Time employees: This year _____ Last Year _____
3. Number of Part time/casual or temporary employees: This year _____ Last Year _____
4. Have any redundancies or lay offs taken place over the last 2 years or are any anticipated in the next 12 months? YES/NO
5. Does the Proposer always check references when employing people? YES/NO
6. Does the Proposer confirm all offers of employment in writing within 7 days? YES/NO
7. Has a contract of employment been issued to all employees? YES/NO
8. Does the Proposer provide each employee with a job description? YES/NO
9. Have written instructions been issued to all employees regarding employment practices including discrimination, harassment, grievance and disciplinary matters? YES/NO
10. Does the Proposer have formal internal grievance or complaint procedures in place? YES/NO
11. Are progressive disciplinary procedures followed and minuted? YES/NO
12. How many employees earn over \$100,000 per annum? _____
13. Please confirm the % of employees who are employed outside Australia: _____
If greater than 10%, please provide further details including numbers and locations:
14. Has the Proposer, or any subsidiary, or any director, principal or employee been the subject of any employment related claims (including civil and criminal proceedings)? YES/NO
If YES, please provide further details:
15. Has the Proposer ever been subject to any formal or official investigation or other proceedings in relation to employment policy or practices? YES/NO
16. Is the Propser currently insured for Employment Practices Liability? YES/NO
If YES at what date does this policy expire? ____/____/_____

Declaration

I/We confirm that the above answers, statements, particulars and additional information are true to the very best of the knowledge and belief of the Proposer. After full enquiry, I/We also confirm that I/We have disclosed all information and material facts that may alter the Underwriters' view of the risk, or affect their assessment of the exposures they are covering under the Policy. I/We understand that all answers, statements, particulars and additional information supplied with the proposal form will become part of and from the basis of the Policy.

Signature of Principal/Director: _____

For and/on behalf of the Proposer: _____

Name in capital letters (Printed): _____ Date: _____