

**MINICO SELF-STORAGE SPECIALTY INSURANCE  
EMPLOYMENT PRACTICES LIABILITY  
SUPPLEMENTAL APPLICATION**



Named Insured:			
DBA:			
Policy Number:		Effective Date:	
1 Limit desired: <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$100,000			
2 By state, list the number of office locations and number of staff:			
<b>State</b>	<b>No. of Locations</b>	<b>Full-Time Employees</b>	<b>Part-Time Employees</b>
3a. Have you closed or consolidated any offices, downsized or reduced staff (greater than 10% of the workforce) or merged with or acquired any company during the last 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No			
3b. Do you anticipate any of the above in the next 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No			
4 Number of full- or part-time employees terminating employment during the last year? _____			
5 Number of employer-initiated terminations during the last year? _____			
6 Have you received any employment-related inquiry, complaint or charge from any municipal, state or federal authority or any other government agency? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please provide a complete description:			
7 Have you had a claim, suit, grievance or demand made against you? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please provide a complete description:			
8 Are you aware of any facts, incidents or circumstances which may result in a claim(s) being made against you? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please explain:			
9 Do you use an employment application that contains the following:			
Employment at will statement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Authorization to check references and criminal record?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Require a signature attesting that all representations are true?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
An equal opportunity statement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
10 Do you distribute an employment handbook to your staff which contains the following:			
Employment at will statement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Equal employment opportunity statement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Anti-sexual harassment policy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
11 Number of years in business? _____			