

COMMERCIAL SELF-STORAGE – EMPLOYEE PRACTICES LIABILITY SUPPLEMENT

Named Insured:					
DBA:					
Policy Number: Effective Date:					
1	Limit desired:				
2	By state, list the number of office locations and number of staff:				
	State No. of Locations Full-Time Employees Part-Time Employees				
3a.	Have you closed or consolidated any offices, downsized or reduced staff (greater than 10% Yes No				
	of the workforce) or merged with or acquired any company during the last 12 months?				
3b.	Do you anticipate any of the above in the next 12 months?			□ Yes	□ 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, Yes No state or federal authority or any other government agency?				
	If YES, please provide a complete description:				
7	Have you had a claim, suit, grievance or demand made against you?			□ Yes	□ 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 Yes No				□ No
0	made against you?				
	If YES, please explain:				
9	Do you use an employment application that contains the following:				
	Employment at will statement?			□ Yes	□ No
	Authorization to check references and criminal record?		□ Yes	□ No	
	Require a signature attesting that all representations are true?			□ Yes	□ No
	An equal opportunity statement?				□ No
10	Do you distribute an employment handbook to your staff which contains the following:				
	Employment at will statement?			□ Yes	□ No
	Equal employment opportunity statement?			□ Yes	□ No
	Anti-sexual harassmen	t policy?		□ Yes	□ No
11	Number of years in business?				