



**ADDENDUM TO NON-PROFIT
ORGANIZATION LIABILITY APPLICATION
(FOR EMPLOYMENT PRACTICES COVERAGE)**

1. Name of Organization: _____
2. Total number of full-time employees: _____ Part-time employees: _____
3. Total number of employees with annual salaries in excess of \$50,000: _____
How many of these employees have annual salaries in excess of \$100,000? _____
4. Is the Organization involved in any labor/union negotiations or collective bargaining activities? Yes No
5. Does the Organization have a written procedure for hiring and firing employees? Yes No
If Yes, please attach a copy.
6. Does the Organization have a clear procedure for employees to report Sexual Harassment and other complaints? If Yes, please attach a copy. Yes No
7. Does a lawyer or human resource person review involuntary employment terminations prior to termination of an employee? Yes No
8. Has there been a reduction of employees in the past 12 months? Yes No
If Yes, what percentage? _____
9. Is a reduction of employees anticipated in the next 12 months? Yes No
If Yes, what percentage? _____
10. Has any claim been made, or is any claim now pending, against the Organization, or any person proposed for insurance in the capacity of either Director, Officer, Trustee, Employee or Volunteer of the Organization based upon or attributable to Discrimination, Wrongful Termination or Sexual Harassment?
None
None except (give details) _____

11. Is any person proposed for this insurance aware of any fact, circumstance or situation which may result in a claim against the Organization or any of its Directors, Trustees, Officers, Employees or Volunteers of the Organization based upon or attributable to Discrimination, Wrongful Termination or Sexual Harassment?
None
None except (give details) _____

IF THE ORGANIZATION HAS AN EMPLOYMENT PRACTICES PROCEDURE MANUAL, PLEASE ATTACH A COPY.

IT IS AGREED BY ALL CONCERNED THAT IF THERE BE KNOWLEDGE OF ANY SUCH FACT, CIRCUMSTANCE OR SITUATION, ANY CLAIM SUBSEQUENTLY EMANATING THEREFROM SHALL BE EXCLUDED FROM THE COVERAGE FOR WHICH INSURANCE IS SOUGHT.

Signed: _____

Must be signed by Chairman of the Board
or President

Title: _____

Date: _____