Third Party Discrimination
& Sexual Harassment Coverage
Employment Practices Liability Insurance
Houston Casualty Company

HCC

Supplemental Application

INSTRUCTIONS:

This form is to be completed if you are seeking to add Third Party Discrimination and Sexual Harassment Coverage to your Employment Practices Liability Policy. This form must be dated and signed by the same individual who signs the application.

Please type or print clearly

Name of Applicant Organization:

1. Do you have written procedures for handling complaints of discrimination and sexual harassment from a person other than an employee?	Yes_____	No_____
a. If Yes, are all complaints recorded?	Yes_____	No_____
2. Are your facilities designed to accommodate the disabled in compliance with the Americans with Disabilities Act (ADA) law?	Yes_____	No_____
3. If Yes, do you anticipate that your facilities will be in compliance with the ADA law for the next twelve (12) months?	Yes_____	No_____

If No, to either question, please provide an explanation on a separate sheet.

4. Do you provide training to your employees regarding discrimination and sexual or non-sexual harassment of a person other than an employee?	Yes_____	No_____
5. If Yes, is the training part of a formalized course?	Yes_____	No_____
6. Is training compulsory?	Yes_____	No_____

If Yes, please provide details on a separate sheet of the controls that you have implemented, clearly stating whether or not they will continue to be used in the future.

7. Have you received any complaints alleging discrimination and/or sexual or non-sexual harassment from a person other than an employee in the past five (5) years?	Yes_____	No_____
8. If Yes, provide the total number of complaints received. _____		

Please provide details on a separate sheet including any amounts paid or reserved.

I represent after full investigation and inquiry that the statements set forth are true and complete. I understand the information on this form will become a part of my organization's Employment Practices Liability Application and is subject to the same representations and conditions.

Applicant's Signature	**Date**