

# BISYS Specialty Programs

A Division of BISYS Commercial Insurance Services, Inc.



## EMPLOYMENT PRACTICES LIABILITY INSURANCE THIRD PARTY COVERAGE SUPPLEMENTAL QUESTIONNAIRE

For the purpose of this supplemental questionnaire, and if coverage is included in your Employment Practices Liability Policy, person means someone who is not an Employee (for example, but not by limitation, an individual who is a customer, vendor or a client) of the Named Insured or an insured entity:

- A. Name of Applicant: \_\_\_\_\_
- B. Describe nature of Business: \_\_\_\_\_
- C. Does the Applicant have written procedures for handling complaints of discrimination and/or harassment from a person who is a non-Employee?  Yes  No  
If YES, are all complaints recorded?  Yes  No
- D. Has the Applicant received any complaints alleging discrimination and/or harassment from a person who is a non-Employee?  Yes  No  
If YES, please provide the total number of complaints received \_\_\_\_\_, and provide details on a separate sheet.
- E. Does the Applicant's public facilities have access for the disabled in compliance with A.D.A. Law?  Yes  No  
If NO, please provide explanation on a separate sheet.
- F. Does the Applicant take steps to ensure that their business operations comply with A.D.A. requirements?  Yes  No  
If NO, is the Applicant willing to do so?  Yes  No  
If YES, please provide details of the controls that the Applicant has implemented on a separate sheet, clearly stating whether or not they will continue to use those controls in the future.
- G. Does the Applicant provide training to their Employees regarding discrimination and harassment of a person who is a non-Employee (including the disabled) ?  Yes  No  
If YES, is the training a part of a formalized course?  Yes  No  
Is the training compulsory?  Yes  No

**The Applicant warrants after full investigation and inquiry that the statements set forth herein are true and include all material information.**

**The Applicant on behalf of the proposed Insureds further warrants that if the information supplied on this supplemental questionnaire changes between the date it is signed and the inception date of the third party coverage, it will immediately notify underwriters of such change. It is agreed that this supplemental questionnaire shall be the basis of the third party coverage and will be attached and made a part of the Employment Practices Liability Policy should a policy be issued.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized signature of a principal, partner or officer of the Applicant

\_\_\_\_\_  
Title

Please ensure that the Applicant has provided any additional information requested in questions **D, E & F**.

*Formerly known as Five Star Managers*

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