

**EMPLOYMENT PRACTICES LIABILITY INSURANCE
LOCATION AND EMPLOYEE INFORMATION SCHEDULE**

INSTRUCTIONS:

List all locations to be covered by the policy for which you are applying.

Type: McDonald's **Restaurant**

	TYPE	Store No	Entity Address (Not Required If Store # Provided)	EMPLOYEES	
				FULL TIME	PART TIME
1.					
2.					
3.					
4.					
5.					
6.					
7.					
			Totals		

I understand the Location and Employee Information Schedule form will become part of my organization's Employment Practices Liability Application and is subject to the same representations and conditions

EPLI - Supplemental Application

Employment Practices Section

1) What percentage of applicant's employees are hourly (versus salary)? (approx) _____%

2) Has the owner/operator had conducted an audit within the last 3 years to evaluate the classification of its employees' exempt or non-exempt status? **YES** **NO**

2A) If so, who conducted the audit and what was the outcome?

2B) Has the applicant been sued (or had a claim) in the last 3 years by an employee or former employee for alleged wage or hour violations?

3) Has the applicant been involved in any EEOC Representative Actions, Class Actions or any Multi-Party matters (three or more plaintiffs) over the past three years? **YES** **NO**

If yes, please list the case number, caption, and jurisdiction?

Is the insured subject to any Administrative/EEOC Orders, Judgments, or Decrees relating to Employment-Related claim?

YES **NO** (if YES to either question, please explain)

4) With respect to new hires, is an I-9 Form completed within the required time limit? **YES** **NO**

5) Are valid, current I-9 Forms maintained along with a copy of the supporting documentation? **YES** **NO**

6) Do you sponsor employees for temporary or permanent visa status? **YES** **NO**

7) Has applicant ever been audited or fined with respect to any immigration issues? **YES** **NO**

Signature: _____

Print Name: _____ **Date:** _____