

**MONTANA MUNICIPAL INTERLOCAL AUTHORITY
APPLICATION FOR EMPLOYMENT PRACTICES LIABILITY
COVERAGE UNDER THE
MEMORANDUM OF LIABILITY COVERAGE**

Application Date: _____

Entity: _____

The undersigned Entity submits this application for employment Practices Liability Coverage to the Montana Municipal Interlocal Authority (MMIA) for coverage under the terms of the Memorandum of Liability Coverage (Memorandum) arising from Wrongful Employment Practices as defined in the Employment Practices Liability Coverage Endorsement.

The undersigned Entity represents the following:

1. The Entity has in place a New Employee Orientation Program which insures that the new employee has accurately completed his or her payroll and benefit forms; notifies the employee as to the location of required notices; and provides the new employee with adequate safety training and education;
2. The entity has a written application process that complies with applicable Federal and State Law;
3. The Entity has a written Sexual Harassment policy that complies with applicable Federal and State Law;
4. The Entity has a Drug and Alcohol Testing policy that complies with applicable Federal and State Law;
5. The Entity has a Discrimination Policy that complies with Title VII of the 1964 Civil Rights Act as amended, (Title 29 United States Code) and Montana's Human Rights Act (Title 49, Montana Code Annotated);
6. The Entity has a written grievance policy for non-union employees;
7. The Entity has written job descriptions that comply with Federal and State Law for all positions;
8. The Entity complies with the American's with Disabilities Act (Title 42 United States Code, Chapter 26);
9. The Entity complies with the Family and Medical Leave Act (Title 29 United States Code, Chapter 28);
10. The Entity has written guidelines and procedures for disciplining employees.

The undersigned Entity understands that coverage for Employment Practices Liability is contingent upon the Entity being in compliance with the preceding representations both at the time of application and during the term such coverage is in effect.

Name of Authorized Representative for the Entity: _____

Signature of Authorized Representative for the Entity: _____