

**MONTANA MUNICIPAL INTERLOCAL AUTHORITY**

**INITIAL APPLICATION FOR ENDORSEMENT FOR EMPLOYMENT PRACTICES COVERAGE  
UNDER THE MEMORANDUM OF LIABILITY COVERAGE**

The undersigned Entity submits this application for employment Practices Coverage to the Montana Municipal Interlocal Authority (Authority) 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 as soon as practicable upon the commencement of employment;;
2. The entity has a written application process that complies with applicable Federal and State Law;
3. The Entity has a written Harassment Prevention policy that complies with applicable Federal and State Law;
4. The Entity, if conducting Drug/Alcohol Testing, 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 current, 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), if applicable;
10. The Entity has written guidelines and procedures for disciplining employees;
11. The Entity has a records retention policy/practice for all employment related documents, which complies with Federal and State Law.

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.

The endorsement will be issued upon approval according to established underwriting criteria on an annual basis consistent with the MMIA’s coverage period for its Liability Program, coverage will only be available for three (3) years from date of application, at which a renewal application must be submitted and approved prior to the continuation of coverage under this Endorsement. .

Renewal Application Date: \_\_\_\_

Entity: \_\_\_\_\_

Name of Authorized Representative for the Entity: \_\_\_\_\_

Signature of Authorized Representative for the Entity: \_\_\_\_\_

Approval Date:

Signature of Authorized MMIA Representative:

\_\_\_\_\_  
Angela Simonson, HR/Employment Practices Specialist