



2018-2019 Claims Kit

Employment Practices Liability Insurance (EPLI)

NEW YORK ONLY

If you have any questions about Gallagher's InCONTROL Program, your coverage, or if there's anything we can assist you with, please let us know.

bsd.McDLossPrevention@ajg.com | 727.796.6150



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Insurance | Risk Management | Consulting

McDonald's Employment Practices Liability Insurance

Date of Incident: _____

Policy Number: LHP675273

For proper processing, when completing an EPLI form, please reference & add your owner/operator ID number.

Insured/Company: _____

Owner/Operator Name: _____

Store#: _____ Location Address: _____

Insured/Company's Email Address: _____

Person to Contact: _____

Claimant's Name: _____

Job Position: _____

Date of Alleged Wrongful Act: _____

Date you received the Claim or found out about the Potential Claim: _____

If you received a Summons, Complaint, Administrative Agency Charge or similar document, when was it served upon you? _____

Type of Claim/Potential Claim:

Sexual Harassment *Wrongful Termination Discrimination Retaliation

Other (Specify) _____

*[If Wrongful Termination, did you obtain legal advice before termination?_ Yes_ No]

Description of Claim/Potential Claim (This section will expand):



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TO REPORT CLAIMS (include the Claim itself with this sheet):

Mail to: RSUI Group, Inc.
945 East Paces Ferry Rd., Suite 1800
Atlanta, GA 30326-1160

Fax to: (404) 231-3755
Attn: Claims Department

E-mail to: reportclaims@rsui.com

Phone: *{914} 449-1150*



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