

Name: _____ Address: _____

Weekly Earnings: _____

Age: _____ Date of Commencement of Employment: _____

JOB TITLE: _____

Job Qualifications: _____

Duties: _____

Date of Termination: _____

Date of Written Legal Advice Prior to Termination: _____

By Whom: _____

Reason of Termination: _____

Amount of Compensation paid upon Termination: _____

Any Correspondence relating to Termination: _____

Present Employment Status: _____

(over)

Was Contract of Employment in Written Form?

Categorize Dismissed Individual:

Check: Employee _____ Agent _____ Independent Contractor _____

Was Employee given proper warning that his/her job was in jeopardy?

If so, by whom _____ on what date

Will insured be working with dismissed employee to find alternate employment?

Does Insured have an internal dismissal policy or dismissal guide lines?

If so, were they followed? _____

When hired, was dismissed individual then employed? _____

Name of individual who hired dismissed employe: _____

Name: _____ Address: _____

Telephone: _____

Employed by: _____

Particulars of Benefits (excluding salary)

