



2021-2022 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.

brian_patterson@ajg.com | 704.602.3800



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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

To Report Online [Click Here](#)

Toll-Free Helpline: (877) 376-4100

Additional Support: Memberservices@erpma.org or call toll free at 1-877-288-9838 Pin# 0946



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McDonald's Employment Practices Liability Insurance

Date of Incident: _____ Policy Number: LHP691666 -

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's Email Address: _____

Person to Contact: _____

Claimant's Name: _____ Age: _____ Job Position: _____

Date of Alleged Wrongful Act: _____ Date Notice Received: _____

Type of Claim/Potential Claim:

Sexual Harassment ___ Wrongful Termination ___ Discrimination ___ Retaliation ___

Other ___ (Specify) _____

How did you receive Notice of Claim/Potential Claim:

Administrative Agency Charge ___ Lawsuit ___ Written Notice ___ Oral Notice ___

Other ___ (Specify) _____

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

Description of Claim/Potential Claim (use a separate page if necessary):

