



## 2023-2024 Claims Kit

# Employment Practices Liability Insurance (EPLI) ALL STATES (except New York)

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

[brian\\_patterson@ajg.com](mailto:brian_patterson@ajg.com) | 704.602.3800



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The EPRMA Website has tutorial videos on how to report a claim. <http://www.eprmatraining.org/Home/Video>

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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](mailto:reportclaims@rsui.com)

**Phone:** **{914} 449-1150**

To Report Online [Click Here](#)

The link can be found on the [www.eprmatraining.org](http://www.eprmatraining.org) website and the [www.noit.com](http://www.noit.com) website.

Toll-Free Helpline: (877) 376-4100

Additional Support: [Memberservices@erpma.org](mailto: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: NHP703744 -

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):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_