

Employment Practices Liability Quick Quote



Name of Company: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Name of Business: _____

1. Year started in business: _____ Coverage in effect now? Yes No

If "Yes" provide details:

Carrier: _____ Limits: _____

Retro Date: _____ Deductible: _____

Premium: _____

2. Do you have an employment handbook? Yes No

3. Do you have an Anti-Discrimination and Anti-Harassment statement? Yes No

4. Do you use an employment application? Yes No

5. Have you closed, downsized, laid off, reduced staff, sold, merged or acquired any company in the last 12 months, or plan to do in the next 12 months? Yes No

If "Yes", please provide details: _____

6. a. Have you been involved in any complaints, (incl EEOC) suits or claims in the past three years involving employment related claims? Yes No

b. Are you aware of any past or present incidents that could result in a claim? Yes No

If "Yes," on a separate sheet please attaché and provide:

1. Name of the claimant
2. Details of the claim, (including the nature of the allegations)
3. Current status of the claim, (open or closed)
4. Any legal expenses incurred or paid
5. Any settlement paid by you or an insurance company

We must have all of this information to provide a quotation.

7. Total number of employees broken out by state:

Full time: _____ Part time: _____ Temporary: _____ Independent Contractors: _____

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WE CANNOT BIND FROM THIS INDICATION. This is for an indication only and subject to review, receipt and acceptance of a properly completed signed and dated long form application and detailed claims history. Please note terms may change if the information on the long form application differs from the information shown above.