

EPLI Quick Quote Sheet

1. Name of Company: _____
Street Address: _____ City/State/Zip: _____
2. Nature of Business: _____
3. Total number of employees (including Partners, Directors and Officers, at all locations):
Full Time _____ Part Time _____ Temp/Leased _____ Seasonal _____ Contract _____
4. a. Do you currently have active EPLI coverage?..... YES NO
- b. Current Policy Expiration Date: _____
- c. Has any EPL carrier ever canceled/non-renewed you?..... YES NO
- d. What are the limits/deductible/premium? _____
5. Do you require the use of an employment application?..... YES NO
6. Do you publish and/or distribute an Employment Handbook?..... YES NO
7. Have you had any claims and/or allegations of inappropriate employment acts, discrimination, wrongful termination and harassment in the last 5 years?..... YES NO
8. Are you aware of any Claim(s), fact(s), circumstance(s), situation(s), transaction(s) or event(s) as of the date this Application is signed, which could reasonably give rise to a claim and/or allegation or any reasonable way to foresee that one may be brought?..... YES NO
9. Annual Revenues _____