

# Company Name Simplified EPLI Insurance Quote Form

You may complete this form and send it to us using our secure server by clicking on the "Submit" button below or you may fill in the information, print the form from your browser window by clicking "Print Page" button above and mail or fax the form to:



**Company Name**  
Company Address  
City, State, Zip  
Tel. (555) 555-5555  
Fax (555) 555-5555  
www.domain.com

\* Denotes Required Field

## General Information

\*\*\*If the insured has any subsidiaries, please stop, and call us to discuss\*\*\*

\*Business Name:

\*Contact Name:

Position:

\*Address:

\*City:

\*State:

\*Zip Code:

\*Business Phone:

Fax:

Ex. 920-111-2222

Business Status:

Other:

Best Time to Call:

Business Tax ID Number:

\*E-Mail Address:

\*Confirm E-Mail Address:

\*Location Address:

(type "same" if same as above)

City:

State:

Zip Code:

## Current Insurance Information

Company Name (not agency):

Policy Number:

Number of years with current policy:

Policy Expiration Date:

Ex: 01/12/2007

Premium Amount: \$

Amount Insured For: \$

Term:

6 Months

1 Year

Other:

## Employee Information

# of Full-Time Employees

# of Part-Time Employees

# of Employees within the Following Salary Ranges

\$1-30,000

\$30,001-50,000

\$50,001-100,000

\$100,001 & Above

## Prior / Pending Claims

Within the past 5 years, has any administrative hearing/claim been made or is now pending against the organization?:

Is any person aware of any fact or circumstance that may give rise to a claim under this policy?:

## Operations / Procedures

Nature of Operations:

Does the insured have written policies/procedures on:

Hiring/Firing?:

Sexual Harassment?:

Discrimination?:

Is there a human resource department?:

## Miscellaneous Information

Has there been, or is there anticipated to be, any reduction in staff in the past/future 12 months?:

*If "Yes," please explain:*

Does the insured have an "*Employment at Will*" statement?:

Does the handbook state that it is "not a contract?"

Is EPL coverage in place currently?:

*If "Yes," what is the inception date of the first policy?:*

*Ex. 01/15/2007*

*If "Yes," who is the current carrier?:*

## Additional Comments

*Please provide any additional comments that you feel would be appropriate for this quotation. If you have additional information to provide, where there were not enough fields above, please enter it here:*

## **\*Acknowledgement and Consent**

I hereby certify that the above information is complete and accurate to the best of my knowledge. The agency receiving this application will retain the application whether or not a policy is issued. The agency may rely on this application when determining the quotation and when deciding whether to issue a policy. False statements may subject me to criminal penalties.

If a policy is issued, I authorize the agency to give information about me to its affiliates.      **Yes**      **No**

**\*Enter Your Initials Here:**

**\*Today's Date:**

*Ex. 01/15/2007*

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