EPLI Quick Quote Sheet

1. Name of Company: _____

   Street Address: _____

   City/State/Zip: _____

2. Nature of Business: _____ Year Business was established: _____

3. Total number of employees (including Partners, Directors and Officers, at all locations:

   Full Time _____ Part Time _____ Temp/Leased _____ Seasonal _____ Contract _____

   Does the applicant have union employees? YES ☐ NO ☐

4. Annual Revenues: _____

5. Number of Involuntary Terminations in past 12 months, if any: _____

6. Any anticipated/pending layoffs, or any layoffs within the last 12 months? _____

7. Does the Insured consult with employment counsel prior to all terminations? YES ☐ NO ☐

8. Does the Insured provide an Employee Handbook to it's employees? YES ☐ NO ☐

9. Any Merger & Acquisition activity? YES ☐ NO ☐

10. Do you use HR Personnel, Anti-Harassment/Discrimination policies? YES ☐ NO ☐

11. 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? _____

    e. P&P/Continuity dates if prior coverage: _____

12. Have you had any claims and/or allegations of inappropriate employment acts, discrimination, wrongful termination and harassment in the last 5 years? YES ☐ NO ☐

13. Are you aware of any claim(s), fact(s), circumstance(s), situation(s), transaction(s) or event(s) as of the date of 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 ☐

Signature	Title	Date

All estimates are anticipated pricing and non-binding indications. Actual quotes are subject to completing and signing a full ESI-EPL application along with submission of all supporting documents. Estimates are subject to change based upon your submissions.