



EMPLOYMENT PRACTICE LIABILITY QUOTE FORM

General Information

1. Name of Parent Company: _____

Address: _____
(Number) (Street)

_____ (City) (State) (Zip Code)

Email: _____ Tel # _____

2. Nature of Operations: _____

Percentage of sales derived from alcohol _____

Has the Company been in business longer than three (3) years? Yes No

Prior Insurance Information

1. Describe any current insurance maintained. The Continuity Date below means the policy inception date for which the most recent main form application was attached.

<u>Coverage</u>	<u>Yes</u>	<u>No</u>	<u>Limits</u>	<u>Continuity Date</u>
Employment			_____	_____

Prior Activities Information

Within the last three years, has any person or entity proposed for this insurance been the subject of or involved in any litigation, administrative proceeding, demand letter or formal or informal governmental investigation or inquiry including any investigation by the Department of Labor or the Equal Employment Opportunity Commission. If yes, please provide details below. Yes No

Employment Practices Coverage Section Information

1. Total number of employees (full-time and part-time) _____

Note: When answering the above, multiply the number of part-time employees by a factor of .5 and add to number of full-time employees and independent contractors.

Agency Name: _____

Producer Name: _____

Email: _____ Phone: _____