



## EMPLOYMENT PRACTICES LIABILITY INDICATION SHEET

### APPLICANT INFORMATION

<b>Applicant Name(s) (including any subsidiaries):</b>			
<b>Applicant Address: (Street, City, State, Zip Code):</b>			
<b>Description of Applicant's Business:</b>			
<b>Employee types</b>	<b>Number of Employees</b>		
Full Time employees			
Part-time employees			
Independent Contractors			
Volunteers			
Leased employees			
Seasonal employees			
<b>Turnover Rate in the past year:</b>	%		
<b>Percentage of employees earning over \$100,000 annual total compensation:</b>			%
<b>Asset value of all applicant businesses, including subsidiaries (if available):</b>			\$
<b>Revenue value from all applicant businesses, including subsidiaries (if available):</b>			\$
<b>Are there any planned layoffs or reductions in force?</b>			Yes No
If yes, what percentage of employees will be impacted?			%
<b>Is any applicant aware of any employment-related prior claims or any employment-related incident or issue that may result in a claim?</b>			Yes No

### COVERAGE REQUESTED

<b>Limits of Insurance:</b>	\$100,000/100,000	\$250,000/250,000
\$500,000/500,000	\$1,000,000/1,000,000	\$2,000,000/2,000,000
<b>Deductible:</b>	\$5,000	\$10,000
\$25,000	\$50,000	\$100,000
	Other:	\$

**Disclaimer:** Any indication of coverage based on the information provided is preliminary and subject to review of an application. Coverage cannot be bound until the application has been reviewed and terms have been formally offered and accepted.