

Employment Practices Liability (EPL) Submission Form

Applicant Information

Company Name _____
Street Address _____ Suite/Unit/Floor _____
City _____ State _____ Postal Code _____
Website URL and/or Email Domain (Enter all that apply) _____

Business Information

NAICS Code / Industry Description _____
Year Established _____

Employee Count Breakdown

- Full Time _____
- Part Time _____
- Independent Contractors _____
- Employees Located in CA _____
- Employees Located in IL _____
- Employees Located in NY _____

Total Annual Salary/Payroll expense for the most recent year ending _____
Historical average annual employee turnover rate: 20% or less 21% - 35% Greater than 35%

Optional questions:

- Total assets _____
- Gross Revenue (Projected for the next 12 months) _____

Claims / Previous Incident Information

Has the applicant had any of the following in the past 5 years?

- | | | |
|---|-----|----|
| • An EPL claim? _____ | Yes | No |
| • Any knowledge of a circumstance that could lead to an EPL claim? _____ | Yes | No |
| • Any incident that may have led to a claim if the applicant has EPL Insurance? _____ | Yes | No |

If yes, please explain _____

Existing Coverage

Does the applicant have existing EPL Coverage? Yes No

If yes, enter the following:

Carrier Name _____ Limit _____ Retention _____
Expiration Date _____ Expiring Premium _____

Note: The applicant will need to complete, sign, and date a carrier application, but this information will enable the most accurate EPL quotes from multiple carriers.