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**PRELIMINARY INDICATION WORKSHEET FOR EMPLOYMENT PRACTICES LIABILITY INSURANCE  
 FOR PROFESSIONAL FIRMS**

- A. **Applicant's** name: \_\_\_\_\_  
**Applicant's** address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_
- B. Desired coverage: Limit of liability: \_\_\_\_\_ Retention: \_\_\_\_\_
- C. Current number of Partners: \_\_\_\_\_ All other full-time employees: \_\_\_\_\_  
 Part-time employees (including seasonal and temporary): \_\_\_\_\_  
 Independent contractors not included above: \_\_\_\_\_  
 Leased employees not included above: \_\_\_\_\_
- D. Does the **Applicant** currently carry employment practices liability insurance?  Yes  No
- E. If the **Applicant** answers "No" to any of the following questions, the firm must submit a complete application in order to receive a premium indication.
1. Does the **Applicant** have an employee handbook, or equivalent written personnel policies?  Yes  No
  2. Does the **Applicant** have a written sexual harassment policy which is distributed to all employees?  Yes  No
  3. Does the **Applicant** have a written Equal Employment Opportunity statement which is distributed to all employees?  Yes  No
- F. If the **Applicant** answers "Yes" to any of the following questions, the firm must submit a complete application in order to receive a premium indication.
1. Have there been any employment practices claims by employees, applicants for employment, or third parties over the past three (3) years?  Yes  No
  2. Does the **Applicant** know of any facts or circumstances which may result in employment practices claims being made against the **Applicant**?  Yes  No
  3. Does the **Applicant** anticipate any branch/location closings, consolidations, or layoffs within the next year?  Yes  No
  4. Has the **Applicant** acquired any other partnerships, firms, or limited liability companies in the last two (2) years?  Yes  No

**NOTICE: THIS WORKSHEET IS FOR THE PURPOSE OF RELEASING A NON-BINDING PREMIUM INDICATION. TO RECEIVE A QUOTATION, THE APPLICANT MUST SUBMIT A FULL APPLICATION.**

COMPANY/ FIRM		
CONTACT NAME	TITLE	DATE

FAX THIS FORM TO (248) 851-1205