

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
	We also specialize in Cyber, D&O and E&O coverages Broker: Cedric Gomez
	Email: cgomez@gorstcompass.com
	Phone: 818-532-4040

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.