

ESI-EPL
EMPLOYMENT PRACTICES
LIABILITY INSURANCE
Worksheet

This is an application for a claims-made and reported policy.

Ana J. Cárdenas - AVP
Professional Liability Division
3333 Camino del Rio South #340
San Diego, CA 92108
Direct: 619-876-4114
E-mail: acardenas@awisgroup.com



GOT 2 MINUTES?

1. Name of Company: _____
Street Address: _____ City/State/Zip: _____
2. Nature of Business: _____
3. Total number of employees (including Partners, Directors and Officers, at all locations):
Full Time _____ Part Time _____ Temp/Leased _____ Seasonal _____ Contract _____
4. 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? _____
5. Do you require the use of an employment application? YES NO
6. Do you publish and/or distribute an Employment Handbook? YES NO
7. Have you had any claims and/or allegations of inappropriate employment acts, discrimination, wrongful termination and harassment in the last 5 years?..... YES NO
8. Are you aware of any Claim(s), fact(s), circumstance(s), situation(s), transaction(s) or event(s) as of the date 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

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.

In addition to all other terms and conditions: Applicable in Kentucky. Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.