



# EMPLOYMENT PRACTICES LIABILITY BALLPARK QUOTE FORM



[www.protectyourbusinesses.com](http://www.protectyourbusinesses.com)

Firm Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email Address: \_\_\_\_\_ Date Firm Established: \_\_\_\_\_  
 Website: \_\_\_\_\_ Best Way to Contact: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_  Now  Closer to my expiration/renewal date  
 Current Carrier: \_\_\_\_\_ Current Premium \$ \_\_\_\_\_ Current Limits: \_\_\_\_\_  
 # Years Continuously Insured \_\_\_\_\_ #Non Lawyer Staff \_\_\_\_\_ Current Deductible \$ \_\_\_\_\_  
 Current Expiration Date: \_\_\_\_\_ Prior Acts Date: \_\_\_\_\_ Copy of Declarations Page  Yes  No

### Current Employee Information

- (a) Number of Employees: Do not include Leased Employees or Independent Contractors in numbers below.

	Full Time	Part Time	Seasonal	Temporary	Volunteers
Current Year:					
Last Year:					

- (b) How many Leased Employees does the Insured Entity employ annually? \_\_\_\_\_
- (c) How many Independent Contractors does the Insured Entity employ annually? \_\_\_\_\_
- (d) What is the Insured Entity's annual Employee turnover rate for the last 12 months? \_\_\_\_\_

### Litigation and Claim Information (Provide details to all "Yes" answers by attachment)

- During the last 5 years, has any Insured known of, or been involved in any lawsuit, charges, inquiries, investigations, grievances or other administrative hearings or proceedings before any of the following agencies and/or in any of the following forums, including both domestic or foreign equivalents?

- (a) National Labor Relations Board?  Yes  No
- (b) Equal Employment Opportunity Commission?  Yes  No
- (c) Office of Federal Contract Compliance Programs?  Yes  No
- (d) U.S. Department of Labor?  Yes  No
- (e) Any state or local government agency such as the Labor Department or fair employment agency?  Yes  No
- (f) U.S. District or state court?  Yes  No

- During the last 5 years, has any current or former Employee or third party made any Claim, or otherwise alleged discrimination, harassment, wrongful discharge and/or Wrongful Acts against any Insured?  Yes  No

A Claim is not limited to the filing of a lawsuit or complaint with the Equal Employment Opportunity Commission or similar state or local agency. A Claim may also include a written demand by any current or former Employee seeking relief in connection with an employment-related dispute or grievance.

- Is any Insured aware of any fact, circumstance or situation involving any Insureds that might reasonably be expected to result in a Claim, including, but not limited to, situations involving:

- (a) Threats by any current or former Employee or third party to take legal or other action against any Insured, or a demand or request by any current or former Employee for monetary or non-monetary relief, arising out of any alleged discrimination, harassment, wrongful termination, constructive discharge, or other Wrongful Acts?  Yes  No
- (b) Knowledge that any current or former Employee is engaging in, or has engaged in, acts of discrimination, harassment, or other Wrongful Acts?  Yes  No
- (c) Complaints or accusations by other Employees or third parties that a current or former Employee is engaging in, or has engaged in, acts of discrimination, harassment, or other Wrongful Acts?  Yes  No
- (d) Warnings, reprimands, or other disciplinary measure taken against any current or former Employee for acts of discrimination, harassment, or other Wrongful Acts?  Yes  No

**THIS IS THE FAX FORM. NO COVER LETTER NEEDED.**

**FAX: 813-222-4288 PHONE: 800-467-8734**