

**PRIVATE COMPANY PROTECTION PLUS
 EMPLOYMENT PRACTICES LIABILITY INSURANCE
NON-BINDING PREMIUM INDICATION FORM**

Whenever used in this form, the term Applicant shall mean the Named Corporation and its wholly-owned / controlled subsidiaries and their respective employees.

1. Full Name of the Applicant:
2. Address:
3. Date established:
4. Website Address: www.
5. Please describe the nature of the Applicant's operations:

6. Please provide the following employee information: **Currently** **One Year Ago**

Total Full Time: (Include leased, temporary and non U.S. based employees):

Total Part Time: (Include leased, temporary and non U.S. based employees):

TOTAL NUMBER OF EMPLOYEES:

7. Number of employees located in the following states: CA: FL: NJ: NY: TX:

8. Current Coverage

Employment Practices Coverage	Insurance Company	Limit of Liability	Deductible	Effective Date	Premium
Currently:		\$	\$		\$

9. Provide a list of all claims, suits or other demands for wages, reinstatement or other relief against the Applicant in the past five years? Please check if none

Representative or Authorized Agent (Please Print)

Date

E-mail Address

Any offer of insurance coverage resulting from the submission of this Non-Binding Premium Indication form shall be an estimate of premium costs, forms, terms and conditions. To secure a bindable quotation, it will be necessary to complete a Private Company Protection Plus Employment Practices Liability Insurance application and submit all required attachments.

For more information regarding this product or to download the application and other forms, please visit our website at www.phly.com/products/EPLI.aspx