



**W. BROWN & ASSOCIATES**

PROPERTY & CASUALTY INSURANCE

License # 0755999

Voice: (949) 851-2060 Fax: (949) 794-0444

www.wbais.com

**EMPLOYMENT PRACTICES LIABILITY  
QUESTIONNAIRE**

AGENCY: \_\_\_\_\_

CONTACT: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

NAMED INSURED: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

NATURE OF BUSINESS: \_\_\_\_\_

NUMBER OF EMPLOYEES: FULL TIME: \_\_\_\_\_ PART TIME: \_\_\_\_\_ SEASONAL: \_\_\_\_\_

YEARS IN BUSINESS: \_\_\_\_\_ PERSONNEL OR HR DEPARTMENT: YES: \_\_\_ NO: \_\_\_

DOES APPLICANT HAVE AN EMPLOYEE MANUAL THAT STATES THEIR RIGHT TO TERMINATE  
EMPLOYMENT AT WILL? YES: \_\_\_\_\_ NO: \_\_\_\_\_

DOES THE APPLICANT ANTICIPATE ANY OFFICE OR FACILITY CLOSING OR LAYOFFS IN THE  
COMING YEAR? YES: \_\_\_\_\_ NO: \_\_\_\_\_ DO THEY INTEND TO MAKE ANY  
ACQUISITIONS IN THE COMING YEAR? YES: \_\_\_\_\_ NO: \_\_\_\_\_

AVERAGE TURNOVER RATE FOR THE PAST 3 YEARS: \_\_\_\_\_%

IS THE APPLICANT AWARE OF ANY INCIDENTS OR CIRCUMSTANCES THAT MAY RESULT IN A  
CLAIM MADE AGAINST THEM? YES: \_\_\_\_\_ NO: \_\_\_\_\_ IF YES, PLEASE PROVIDE FULL  
DETAILS ON A SEPARATE PAGE.

IN THE LAST 5 YEARS, HAVE THERE BEEN ANY EMPLOYMENT-RELATED CLAIMS MADE  
AGAINST THE APPLICANT, OR ANY COMPLAINT FILED WITH THE EEOC OR ANY STATE LABOR  
AGENCY? YES: \_\_\_\_\_ NO: \_\_\_\_\_ IF YES, PLEASE PROVIDE FULL DETAILS.

COVERAGE FOR 3<sup>RD</sup> PARTY DESIRED? YES: \_\_\_\_\_ NO: \_\_\_\_\_

DOES THE APPLICANT CURRENTLY CARRY EPLI? YES: \_\_\_\_\_ NO: \_\_\_\_\_

CARRIER: \_\_\_\_\_ LIMITS: \_\_\_\_\_

PREMIUM: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

RETRO DATE: \_\_\_\_\_

THIS SHORT FORM APPLICATION IS FOR NON-BINDABLE, INDICATION PURPOSES ONLY.