

**EMPLOYMENT PRACTICES LIABILITY (EPL)
PREMIUM INDICATOR SHORT FORM APPLICATION**

Instructions:

Download application & complete all questions

Return to us by: (1) email to lisa@moreton.com or

(2) fax to 208-321-0101 or

(3) mail to Moreton & Company, PO Box 191030, Boise, ID 83719, attn: Lisa

Indications typically take 2-3 weeks to process; we will forward to you ASAP

1. Name of Firm: _____
2. Principal Address: _____
3. Email Address: _____ Phone: _____
4. Date Established: _____
5. # Partners: _____ # Associates: _____ # All other employees: _____
6. Do you currently have EPL coverage? _____ If yes, list insurer, limits, premium, and retroactive date: _____
7. Do you have a personnel or Human Resources specialist? _____
 - a. If yes, is the position full-time? _____ # of hours/week? _____
 - b. If no, who handles employment decisions? _____
8. Do you have an employee manual containing a right to terminate employment at will? _____
9. Are you aware of any present fact, situation or circumstance which might result in a claim? _____
10. Have any EEOC or other HRCommission charges been made against the firm in the past seven years? _____ If yes, attach a full description.
11. Have any employment practices claims been paid or reserved? If yes, attach full description.
12. What is your estimated involuntary employee turnover in the past 3 years? ____%

Requested Limits:

<input type="checkbox"/> \$100,000 per claim/\$100,000 aggregate	<input type="checkbox"/> \$250,000 per claim/\$250,000 aggregate
<input type="checkbox"/> \$500,000 per claim/\$500,000 aggregate	<input type="checkbox"/> \$1,000,000 per claim/\$1,000,000 aggregate
<input type="checkbox"/> Other: _____	

Requested Deductible:

<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$2,500	<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$10,000	Other: _____
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Completion of this form will allow insurers to give you a premium "indication". A signed, long-form application will be required before a final, binding premium can be released.