

**ESI-EPL  
EMPLOYMENT PRACTICES  
LIABILITY INSURANCE  
Worksheet**



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



King Support Systems Insurance Services  
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**\*\*PREMIUM FINANCING AVAILABLE\*\***

***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.***