

**PREMIUM INDICATION QUESTIONNAIRE**

**NOTICE: This questionnaire is not an application for Employment Practices Liability Insurance. It is used only for non-binding estimates of annual premiums. Quotations are issued from a Travelers "Application for Employment Practices Liability PLUS+<sup>SM</sup> Policy."**

AGENCY/ BROKER	CODE	NAME
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1. Name and Address of Applicant: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

2. Description of Applicant's Business: \_\_\_\_\_  
 \_\_\_\_\_  
 SIC Code: \_\_\_\_\_ EIN# (Optional): \_\_\_\_\_

3. Number of employees for 19\_\_:

Total

Full Time: \_\_\_\_\_  
 Part Time: \_\_\_\_\_  
 Total: \_\_\_\_\_

What is the percentage of employees subject to collective bargaining agreements compared to your total number of employees? \_\_\_\_\_%

4. Number of locations by state or country (if foreign) and number of employees for each (attach separate sheet if necessary):

State or Country	# Employees	# Locations	State or Country	# Employees	# Locations
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

5. Years in Business: \_\_\_\_\_

6. Annual Sales/Revenue: \$ \_\_\_\_\_

7. Are you a contractor or service provider to any Federal or State Governmental body?  yes  no If yes, please state the percentage of annual revenues derived from such government bodies: \_\_\_\_\_%.

8. Have you sold, closed, consolidated or spun-off any plants, offices, subsidiaries, or divisions within the past three years?  yes  no.

9. Do you anticipate any downsizing, rightsizing, layoffs, or any other reduction in the number of employees within the next 12 months?  yes  no If yes, please provide details.

10. Desired Coverage: Limit of Liability: \$ \_\_\_\_\_ Deductible: \$ \_\_\_\_\_

11. Expiring Employment Practices Liability Insurance:

Limit of Liability: \$ \_\_\_\_\_ Deductible: \$ \_\_\_\_\_  
 Eff./Exp. Date: \_\_\_\_\_ Premium: \$ \_\_\_\_\_  
 Co-Insurance (if any): \_\_\_\_\_% Insurance Company: \_\_\_\_\_

12. Regardless of whether insured or not, have any employment related claims, administrative proceedings, hearing, demands or lawsuits been made against any entity or person proposed for this insurance during the past three years?  yes  no (If yes, please provide all details of each, including the type of claim, parties involved, how the claim was resolved, and whether any insurance responded to any aspect of the claim. Please use separate attachment if necessary.)