



EMPLOYMENT PRACTICES LIABILITY QUOTE

NAME OF BUSINESS: _____

ADDRESS OF BUSINESS: _____

DATE BUSINESS WAS ESTABLISHED: _____

WEBSITE ADDRESS: _____

DESCRIPTION OF OPERATIONS: _____

OF FULL TIME EMPLOYEES: _____ CURRENTLY
_____ ONE YEAR AGO

OF PART TIME EMPLOYEES: _____ CURRENTLY
_____ ONE YEAR AGO

OF EMPLOYEES IN STATES: _____ CALIFORNIA _____ FLORIDA
_____ NEW JERSEY _____ TEXAS
_____ NEW YORK

PLEASE PROVIDE A DESCRIPTION OF ALL CLAIMS, SUITS OR OTHER DEMANDS FOR WAGES,
REINSTATEMENT OR OTHER RELIEF AGAINST THE APPLICANT IN THE PAST FIVE YEARS:

SIGNED: _____

DATE: _____