

## **EMPLOYMENT PRACTICES PREMIUM INDICATION FORM**

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

\_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone & best time to call: \_\_\_\_\_

Type of business: \_\_\_\_\_

# full time employees \_\_\_\_\_ # part-time employees \_\_\_\_\_

Do you anticipate any office closings, consolidations, or layoffs, affecting 20% or more of the employees within the next eighteen (18) months? \_\_\_\_\_  
(if yes, please provide details on the back of this page)

Do you have an employee handbook?: \_\_\_\_\_

Have you had an EPLI loss in the last 5 years?: \_\_\_\_\_

Are you aware of any circumstances that might give rise to a claim under this policy?:  
\_\_\_\_\_ (if yes, please provide details on the back of this page)

**PLEASE RETURN VIA FAX TO: (302) 571-1876 OR MAIL US AT:  
DSBIS P.O. BOX 2287 WILMINGTON, DE 19899**