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PRELIMINARY INDICATION WORKSHEET FOR EMPLOYMENT PRACTICES LIABILITY INSURANCE FOR PROFESSIONAL FIRMS

A. **Applicant's** name: _____
Applicant's address: _____
 City: _____ State: _____ ZIP: _____

B. Desired coverage: Limit of liability: _____ Retention: _____

C. Current number of Partners: _____ All other full-time employees: _____
 Part-time employees (including seasonal and temporary): _____
 Independent contractors not included above: _____
 Leased employees not included above: _____

D. Does the **Applicant** currently carry employment practices liability insurance? Yes No

E. If the **Applicant** answers "No" to any of the following questions, the firm must submit a complete application in order to receive a premium indication.

1. Does the **Applicant** have an employee handbook, or equivalent written personnel policies? Yes No

2. Does the **Applicant** have a written sexual harassment policy which is distributed to all employees? Yes No

3. Does the **Applicant** have a written Equal Employment Opportunity statement which is distributed to all employees? Yes No

F. If the **Applicant** answers "Yes" to any of the following questions, the firm must submit a complete application in order to receive a premium indication.

1. Have there been any employment practices claims by employees, applicants for employment, or third parties over the past three (3) years? Yes No

2. Does the **Applicant** know of any facts or circumstances which may result in employment practices claims being made against the **Applicant**? Yes No

3. Does the **Applicant** anticipate any branch/location closings, consolidations, or layoffs within the next year? Yes No

4. Has the **Applicant** acquired any other partnerships, firms, or limited liability companies in the last two (2) years? Yes No

NOTICE: THIS WORKSHEET IS FOR THE PURPOSE OF RELEASING A NON-BINDING PREMIUM INDICATION. TO RECEIVE A QUOTATION, THE APPLICANT MUST SUBMIT A FULL APPLICATION.

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| COMPANY/ FIRM | | |
| CONTACT NAME | TITLE | DATE |

FAX THIS FORM TO (248) 851-1205