



Byars ♦ Thompson ♦ Buchanan
INSURANCE & FINANCIAL SERVICES, LLC

**PRIVATE COMPANY PROTECTION PLUS
EMPLOYMENT PRACTICES LIABILITY INSURANCE
NON-BINDING PREMIUM INDICATION FORM**

Whenever used in this form, the term Applicant shall mean the Named Corporation and its wholly-owned/controlled subsidiaries and their respective employees.

1. Full Name of the Applicant: _____
2. Address: _____
3. Date Established: _____
4. Website Address: [www.](#)_____
5. Please describe the nature of the Applicant's operations:

6. Please provide the following employee information:

Total Full Time: (include leased, temporary and non U.S. based employees)
Currently _____ One Year Ago _____

Total Part Time: (include leased, temporary and non U.S. based employees)
Currently _____ One Year Ago _____

Total Number of Employees:
Currently _____ One Year Ago _____

7. Number of employees located in the following states:
CA:___ FL:___ NJ:___ NY:___ TX:___

8. Current Coverage

Employment Practices Coverage Insurance Carrier: _____

Limit of Liability: \$ _____

Deductible: \$ _____

Effective Date: _____

Premium: \$ _____

9. Provide a list of all claims, suits or other demands for wages, reinstatement or other relief against the Applicant in the past five years.

Please check if none ____.

Representative or Authorized Agent (Please Print) Date

E-mail Address

Any offer of insurance coverage resulting from this submission of this Non-Binding Premium Indication form shall be an estimate of premium costs, forms, terms and conditions. To secure a bindable quotation, it will be necessary to complete a Private Company Protection Plus Employment Practices Liability insurance application and submit all required attachments.

Please fax this form to BTB Insurance at (805) 347-4711 and we will contact you with a premium indication.