



Siskiyou Insurance Services, Inc.
 P.O. Box 491600 857 Mistletoe Lane Redding, CA 96049-1600
 TOLL FREE(800) 773-2345 | PH.(530) 224-2345 | FAX (530) 224-2346
 Ralph Amero - ramero@siskiyouinsurance.com

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.

Full Name of the Applicant:

Address:

Date Established:

Website Address: www.

Please Describe the nature of the Applicant's Operations:

Please Provide the following employee information:	Currently	One Year Ago
Total Full Time: (Include leased, temporary and non U.S. based employees):	<input type="text"/>	<input type="text"/>
Total Part Time: (Include leased, temporary and non U.S. based employees):	<input type="text"/>	<input type="text"/>
TOTAL NUMBER OF EMPLOYEES:	<input type="text"/>	<input type="text"/>

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

Current Coverage

Employment Practices Coverage:	Insurance Company	Limit of Liability	Deductible	Effective Date	Premium
Currently:	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>

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

Your Email: Preferred Agent?

Any offer of insurance coverage resulting from the 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.