

**Professional Underwriters Agency, Inc.**

**SHORT FORM EMPLOYMENT PRACTICES LIABILITY APPLICATION**

**FOR INDICATION PURPOSES ONLY**

1. Name of Applicant: \_\_\_\_\_

\_\_\_\_\_

2. Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Nature of Business: \_\_\_\_\_

4. Number of Full Time Employees: \_\_\_\_\_

5. Number of Part Time Employees: \_\_\_\_\_

6. Total Payroll in last 12 months: US \$ \_\_\_\_\_

7. Claims Details (if any). Last Five years EPL Claims details:

\_\_\_\_\_

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