

INSURANCE CONSULTING SERVICES, LLC

The Lawyers Malpractice Insurance Specialists

EMPLOYMENT PRACTICES LIABILITY QUICK QUOTE FORM

FOR INDICATION PURPOSES ONLY

Fax or Email To: (303) 474-6921; RKrause@icservicesllc.com

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:

