

# *Employment Practices Liability “Rapid Rate” Form for Members of the Georgia Defense Lawyers Association*

Firm Name		Contact Person		
Address	City	State	Zip	County
Phone	Fax	E-mail		

## *Current Employee Information*

Number of Full-Time Attorneys	Number of other Full-Time Employees	Number of Part-Time Attorneys	Number of other Part-Time Employees
Number of Temporary Employees	Number of Seasonal Employees	Do You Maintain and Distribute an Employee Handbook? <input type="checkbox"/> Yes <input type="checkbox"/> No	

## *Current Coverage*

Current Carrier		Annual Premium
Current Limits	Desired Deductible	Policy Expiration Date
Current Deductible	Desired Deductible	Retroactive or Prior Acts Date

## *Claims Information*

During the past five years has this firm been involved in any litigation with regard to employees or employment practices?    Yes    No

DISCLAIMER: This is not an application for insurance. This document provides basic information for the purpose of obtaining a non-binding premium indication. Such indication is not binding on The Insurance Company and its affiliates and subsidiaries and does not obligate The Insurance Company to issue an insurance policy. To obtain an actual quote for insurance, it is necessary to submit a properly completed application and all of the supporting documentation requested therein. The terms of any quote may vary considerably from any indications which were previously received.

### *Complete and Return This Request to:*

INSURANCE SPECIALISTS, INC.  
305 Carteret Street • Beaufort, SC  
ISI DIRECT: 1-888-ISI-1959  
Fax: 843-525-9992



Administrative Center • 305 Carteret Street • Beaufort, South Carolina 29902