



PENINSULA EXCESS INSURANCE BROKERS, INC.
 1000 Conshohocken Road, Suite 151, Conshohocken, PA 19428
 Toll-free: 877/GET-PENX (438-7369) ▪ 610/834-6120 ▪ Fax: 610/834-7737

EPLI Request For “Premium Indication”

*Insured Name: _____

*Address (including County): _____

*Description of Operations: _____ SIC Code (if known) _____

*Carry Coverage Now Y / N *If yes retrodate: _____

*# of Employees (FT)____(PT)____ % of Union Employees _____

Loss History Y / N Claims # _____ \$ _____ (Pd. & Res.)

Turnover Y / N Employee handbook in place Y / N

*Deductible \$ _____ /Coins% _____ *Limit _____

Target Premium _____

Prem.

(This is for indication purposes only. To receive a firm quote we need a completed Application.)

*Mandatory, but the other information will allow for a quote that is less likely to vary after application completion.

Fax Premium Indication To:

Individual Name: _____

Firm Name: _____

Fax Number: _____