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**Is Your Law Firm Protected From Employment Practices Lawsuits?**

**Please complete the following questions to receive a no obligation Employment Practices Liability Insurance Quote from Lawyers Insurance.**

**Name of Entity\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Are you a \_\_\_ Corporation \_\_\_ LLC \_\_\_ Individual \_\_\_ Other (Please Explain)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Number of Employees F/T\_\_\_\_\_ P/T\_\_\_\_\_ Years In Business\_\_\_\_\_**

**Please return this form to Adam Pierce at Lawyers Insurance via:**

**Fax: 919-657-0316**

**E-mail: adam@lawyersmutualnc.com**

**Mail: 8000 Weston Parkway Ste. 200**

**Cary, NC 27513**

**OR CALL**

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