

Welcome to the Ahern Insurance Brokerage eForms.

After completing this application please follow these simple instructions:

- 1) Click "Save Application," navigate to your desktop and save a copy of the completed application
- 2) Print & sign the application
- 3) To expedite the application process, email or fax a copy of the completed application to AIB

Fax: (858) 571-9010

Email: Info@AhernInsurance.com

- 4) Please mail the original to:

Ahern Insurance Brokerage
9655 Granite Ridge Drive
Suite 500
San Diego, CA 92123

For additional support you can email techsupport@aherninsurance.com or consult the help file at: <http://www.aherninsurance.com/applications/help.htm>

IMPORTANT!

Once you have filled out your application completely, you must **PRINT, SIGN AND MAIL THE ORIGINAL**



THE BAR ASSOCIATION OF
SAN FRANCISCO

The Bar Association of San Francisco Endorsed Employment Practices Liability Program

(wrongful termination, sexual harassment and discrimination insurance)

PREMIUM INDICATION

If you are interested in obtaining an EPL premium indication, please provide the following information:

General Information	
Firm Name: _____ Contact Name: _____ Email: _____	Phone: _____ Fax: _____
Mailing Address: _____ _____ _____	
Number of Attorneys (including partners): _____	
Number of Non Lawyer Employees: _____	
Has an employment practices claim been filed against the law firm in the past 5 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, how many claims?	_____

Please send via facsimile to (858) 571-9010 or email to info@aherninsurance.com