

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**



**Los Angeles County Bar Association 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?	_____