

## 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](mailto: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**



**San Diego 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? _____	

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