

5Star Submission Checklist- EPLI Program

*Please include this coversheet with each submission



Fax To: 5Star EPLI Submission	Email (Preferred) : epli@5starsp.com Fax Number: (866) 720-5003
Submission for:	Agency Name:
Producer/Contact Name:	Agency Phone Number:
Comments:	



Before faxing or mailing your submission, please use this checklist to ensure you have included all required documentation. For faster service, please include a copy of this completed form.

Documentation Required To Quote

- _____ EPLI Quick Questionnaire for a quick quote
- _____ Current valued loss history for 5 years, including current year (valued within 90 days)
- _____ Your Producer email address: _____

Documentation Required To Bind

Please include the appropriate application for the account (choose one)

- _____ Law Firms Application signed and dated by the insured, if applicable
- _____ General Business Application signed and dated by the insured, if applicable
- _____ Franchise Operations Application signed and dated by the insured, if applicable

Failure to include copies of all requested information will result in delay of processing and/or immediate rejection of this submission. Please contact 1-866-879-6565 with any questions.

IMPORTANT:

Please send submissions at least 2 weeks prior to policy effective date to allow for quote processing