



TARGET PROFESSIONAL PROGRAMS

A Division of CRC Insurance Services

EMPLOYMENT PRACTICES LIABILITY INSURANCE
SUPPLEMENTAL CLAIM / INSURED EVENT / INCIDENT FORM

The form is to be completed if any question in the Loss History section of the Application is answered "yes" or "see attached". Please complete a separate sheet for each claim or incident and answer all questions fully. Prior to attaching to the Application, a principal, partner or officer of the Applicant must sign and date this sheet and attach it to the signed application along with any explanations. No full Quotation can be given without this complete information.

- 1. Name of Applicant:
2. Name of individual(s) employed by Applicant charged by employee/non-employee in claim/incident:
3. Name of claimant making complaint/allegations in incident (Plaintiff):
4. Date of alleged incident / Insured Event:
5. Date Applicant became aware of alleged incident / Insured Event:
6. Name of Insurer claim reported to (if any):
7. Are you represented by an attorney?
8. Present status of claim/incident:
9. If Closed, total Damages paid: \$ Total Expenses paid: \$
10. If EEOC/State Agency filing:
11. If Pending, is employee demanding a settlement amount?
12. Detailed description of employee's complaint and Applicant's response
13. Explain what actions have been taken to prevent an incident like this happening again

I understand the information submitted here becomes a part of my Application (and a part of the Policy should a policy be issued) and is subject to the same warranty and conditions. The Applicant on behalf of the Proposed Insureds further warrants that if the information supplied on this form changes between the date of this form and the inception date of the Policy, it will immediately notify us of such change.

Date Authorized signature of a principal, partner or officer of the Applicant Title

Submit to EPLI@TargetProIns.com or Fax to (866) 720-5003