IMPORTANT NOTES: To make applying as easy as possible, this form can be completed on your computer. At any time, you can save the information entered by choosing "SAVE AS" and renaming the document. Alternatively, you can print the application and complete it manually. Please see Submission Options at the bottom of the form.

TARGET PROFESSIONAL PROGRAMS
A Division of CRC Insurance Services

Location Schedule

Please list all franchise locations to be covered by the policy for which you are applying. This form must be dated and signed by the same individual who signs the Application.

	Store Number	Entity / Address	Full Time Employees	Part Time Employees
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
		Total Number of Locations	**Total Full Time** 0	**Total Part Time** 0

I understand and acknowledge that the information provided in this form are true, accurate and complete, and becomes part of my EPLI Application and is subject to the same representations and conditions.

_____ _____ _____

Date | Applicant's Authorized Signature of a Principal Partner, Owner or Officer | Title

SUBMIT THIS APPLICATION TO:
EPLI@TargetProIns.com or Fax to (866) 720-5003