



TARGET PROFESSIONAL PROGRAMS

A Division of CRC Insurance Services

EMPLOYMENT PRACTICES LIABILITY INSURANCE IMMIGRATION COVERAGE SUPPLEMENTAL QUESTIONNAIRE

This supplemental questionnaire will be used to determine if you qualify for the Immigration Coverage Endorsement. Completing this form does not qualify you for Immigration Coverage but rather is subject to underwriting review and approval.

A. Name of Applicant: _____

1. Do ALL your employees complete an I-9 form within 24 hours of when they actually start work? Yes No
2. Do you keep the I-9 forms for three (3) years from the date of hire and one (1) year after the date employment ends, whichever is latest? Yes No
- 3.. Is it your policy that an employee’s original work eligibility documents are inspected and copies kept with the I-9 form?
If NO, please provide explanation on a separate sheet. Yes No
4. When you receive “no match” letters from the Social Security Administration, do you notify the impacted applicant and give them at least ninety (90) days to correct the issue? Yes No
5. Have any losses, lawsuits, administrative proceedings, governmental investigations, hearings or demands been made against the Applicant or any entity person proposed for this Insurance during the past five (5) years alleging violations of the **Immigration Reform Control Act of 1986**, or other similar federal, state or local laws or regulations? Yes No

The Applicant warrants after full investigation and inquiry that the statements set forth herein are true and include all material information. The Applicant on behalf of the proposed Insureds further warrants that if the information supplied on this supplemental questionnaire changes between the date it is signed and the inception date of the third party coverage, it will immediately notify underwriters of such change. Completing this form does not qualify you for Immigration Coverage but rather is subject to underwriting review and approval. I understand and acknowledge that the information provided in this form is true, accurate and complete, and becomes part of my EPLI Application and is subject to the same representations and conditions.

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