



TARGET PROFESSIONAL PROGRAMS

A Division of CRC Insurance Services

FRANCHISE PROGRAM EMPLOYMENT PRACTICES INSURANCE RENEWAL APPLICATION

THIS IS AN APPLICATION FORM FOR A CLAIMS FIRST MADE POLICY

I. General Information

A. Name and address of Applicant:

City: _____

State: _____

Zip: _____

Please list on a separate sheet all locations to be covered under this Policy, including each location's legal name and address.

HELPLINE/Loss Control Contact

Title _____

E-mail _____

Phone _____

FAX _____

- B. Sole Proprietor
 Joint Venture

- Corporation
 Franchise

- Partnership
 Other (Please specify) _____

- C. Total number of restaurant locations: _____
Total number of office locations: _____

D. Describe any change in senior management over the last year:

- E. Have you acquired any companies in the past year? Yes No
(If you have answered YES to above, please provide details on a separate sheet)

- F. Does the Applicant anticipate any store/restaurant, facility, branch or office closings, consolidations, or layoffs affecting 20% or more of the employees in any 60 day period within the next eighteen (18) months? Yes No
(If YES, please provide details on separate sheet)

II. Loss History

- A. Does the Applicant have knowledge of any Claim(s) that have not been reported to Underwriters or Underwriters' Representatives? Yes No

PLEASE PROVIDE A FULL DESCRIPTION OF ANY CLAIM OR CIRCUMSTANCE ON A SEPARATE SHEET.

III. Employees

- A. Number of employees: Full Time: _____ Part Time: _____
B. In the last 12 months, how many employees have left your employ? _____
how many were terminated? _____

IV. Human Resources

- A. Have the Applicant's owners, managers and/or supervisors attended the mandatory training and education programs/ seminars on sexual harassment and discrimination provided by Tanner Insurance Brokers, Inc. within the last 12 months? Yes No
If YES, who attended and what date(s) & location(s)?
- B. When were the Applicants employment policies/procedures last reviewed by labor relations' counsel?

V. Third Party Coverage

A. Does the Applicant’s public facilities have access for the disabled in compliance with A.D.A. Law? Yes No

If NO, please provide explanation on a separate sheet.

B. Does the Applicant take steps to ensure that their business operations comply with A.D.A. requirements? Yes No

If NO, is the Applicant willing to do so?

Yes No

If YES, please provide details of the controls that the Applicant has implemented on a separate sheet, clearly Stating whether or not they will continue to use those controls in the future.

VI. Employee Privacy Coverage (NEW Coverage) - Coverage is included for no additional premium - you must qualify.

1. Do you restrict employee access to employees’ personal information such as social security numbers, account information and health care information? Yes No

2. Are you aware of any actual or alleged fact, circumstance, situation, error or omission or issue which might give rise to a claim against you for invasion or interference with rights of privacy, wrongful disclosure or personal information, or which might otherwise result in a claim against you with regard to the privacy insurance sought? **If YES, please attach details.**

Yes No

VII. Other Material Facts

A. Please declare any Material Facts on a separate sheet: **None** **See attached**

A Material Fact is one likely to influence assessment of this risk, the premium charged and the terms and conditions imposed by Underwriters. If you are in any doubt as to whether a fact would be considered material you should declare it. All the information requested in this proposal is material.

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 application changes between the date of this application and the inception date of the Policy, it will immediately notify us of such change. Signing of this application does not bind Underwriters to offer nor the Applicant to accept insurance, but it is agreed that this application shall be the basis of the insurance and will be attached and made a part of the Policy should a policy be issued.

**Kentucky Applicants - Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals for the purpose of misleading, information concerning any material facts thereto commits a fraudulent insurance act, which is a crime.*

Date

Applicant’s Authorized Signature of a Principal Partner or Officer

Title

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