



# TARGET PROFESSIONAL PROGRAMS

A Division of CRC Insurance Services

## 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:

(attach a list of all subsidiaries to be covered under this proposal)

HELPLINE/Loss Control \_\_\_\_\_

Contact \_\_\_\_\_

E-mail \_\_\_\_\_

Title \_\_\_\_\_

FAX \_\_\_\_\_

Phone \_\_\_\_\_

- B.  Sole Proprietor       Corporation       Partnership  
 Joint Venture       Franchise       Other (Please specify) \_\_\_\_\_

C. Describe any change in the nature of business over the last year:

D.

<b>Total Assets: \$</b>	<b>Current Assets: \$</b>	<b>Annual Revenues: \$</b>
<b>Total Liabilities: \$</b>	<b>Current Liabilities: \$</b>	<b>Net income/loss: \$</b>
<b>Negative cash flow?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>If yes, how much? \$</b>	<b>Debt: \$</b>
<b>Total Assets: \$</b>	<b>Current Assets: \$</b>	<b>Annual Revenues: \$</b>

E. Describe any change in management over the last year:

F. 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)*

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

Submit to [EPLI@TargetProIns.com](mailto:EPLI@TargetProIns.com) or Fax to (866) 720-5003

## II. Loss History

- A. Has the Applicant 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:  
(including any Partners & Shareholders) Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_

- B. Salary ranges (*including bonuses and commissions*):
- |                       | Number of full time employees | Number of part time employees |
|-----------------------|-------------------------------|-------------------------------|
| \$50,000 or less;     | _____                         | _____                         |
| \$50,001 to \$100,000 | _____                         | _____                         |
| \$100,001 and over    | _____                         | _____                         |

- C. Does the Applicant use seasonal employees?  Yes  No

Are these employees included in A and B above?  Yes  No

- D. In the last 12 months, how many officers/attorneys have left your employ? \_\_\_\_\_  
how many were terminated? \_\_\_\_\_

- E. In the last 12 months, how many other employees have left your employ? \_\_\_\_\_  
how many were terminated? \_\_\_\_\_

## IV. Human Resources

- A. Have the Applicant's managers and/or supervisors attended training and education programs/ seminars on sexual harassment within the last 12 months?  Yes  No

If YES, who conducts? \_\_\_\_\_

- B. When were the Applicants employment policies/procedures last reviewed by labor relations counsel?

- C. Have there been any amendments to the employment handbook in the last 12 months?  Yes  No  
(If YES, please provide details on separate sheet)

