



TARGET PROFESSIONAL PROGRAMS

A Division of CRC Insurance Services

Employment Practices Liability Insurance (EPLI) New Policy Application for Restaurant Franchises

1. Applicant Name _____
 Street _____
 City _____ State _____ Zip _____

2. Type of Entity Sole Proprietor Corporation Partnership Joint Venture Other
If Other, please explain: _____

3. HR or Risk Management Contact Name _____
 Phone _____ Email _____

4. Franchise Name _____

5. Number of Restaurant Locations _____ Office Locations _____
IMPORTANT: Please complete location schedule attached or attach list of all locations

6. Total Employees Except in CA _____ Full-time _____ Part-time _____

7. Total Employees in CA _____ Full-time _____ Part-time _____

8. Requested Coverage Limits Per Claim: \$250,000 \$500,000 \$1,000,000 \$2,000,000
 Aggregate: \$500,000 \$1,000,000 \$2,000,000 \$3,000,000

NOTE: \$2 Million and \$3 Million Aggregate options are not available with \$250,000 Per Claim Option.

Has the proposed coverage been purchased before? Yes No

If Yes, please provide details: Year: _____ Carrier: _____

Coverage Limits: _____ Deductible: _____ Premium: _____

Has an Insurer ever canceled or non-renewed Applicant's EPLI coverage? Yes No

If Yes, please provide details on separate page.

9. Loss History

In the past five years, has the Applicant had any wrongful termination, discrimination, or harassment (sexual or non-sexual) lawsuits, claims or demands (whether insured or not and whether or not any loss has been paid), including any EEOC or similar administrative filings or charges? Yes No

If Yes, please provide the information requested below for claims, lawsuits, or demands in the past five years.

Date of Claim	Claimant Name	Nature of Claim	Defense Cost	Damages Paid	Reserve Amount	Current Status
			\$	\$	\$	
			\$	\$	\$	
			\$	\$	\$	
			\$	\$	\$	

NOTE: A Supplemental Loss / Claim Form must be completed for each claim paid or demand made for over \$25,000.

Does any management personnel or employee who has the authority to employ or terminate employment of other employees, or any person performing the human resource management function, have knowledge of any circumstance(s) which could reasonably give rise to a claim, or any reasonable way to foresee that a claim may be brought? Yes No

NOTE: Applicant acknowledges that any claims or incidents reported in this section, or any claims or incidents that should have been reported in this section, will be excluded from coverage.



10. Human Resources

Has the Applicant formally adopted and implemented:

- a. At-will relationships with all employees Yes No
- b. An employment handbook that is distributed to all employees, with receipt confirmed in writing?..... Yes No
- c. Anti-sexual harassment and anti-discrimination policies?..... Yes No
- d. A written employee complaint procedure? Yes No

11. Third-Party Coverage

Do all public facilities in all locations provide access for the disabled in compliance with ADA Law? Yes No

If No, list locations not in ADA compliance:

NOTE: The Americans with Disabilities Act Exclusion will be added to this policy for all locations not in compliance with ADA.

12. Employee Privacy Coverage

For qualified companies, this coverage is included at no additional premium.

- a. Do you restrict employee access to employee personal information such as social security numbers, account information, and healthcare information? Yes No
- b. Is the Applicant aware of any actual or alleged fact, circumstance, situation, issue, error or omission that might give rise to a claim for invasion or interference with rights of privacy, wrongful disclosure, or personal information, or which might otherwise result in a claim against the Applicant with regard to the privacy insurance sought? Yes No

13. Wage & Hour Coverage

For qualified companies, this is a coverage option for which an additional premium is charged.

- a. Are any employees other than store managers, restaurant managers, or location managers, paid on a salaried (exempt) basis? Yes No
- b. Are all administrative staff, other than the manager of the administration department, paid on an hourly (non-exempt) basis? Yes No
- c. Does the Applicant utilize an electronic time-keeping system? Yes No

If Yes:

- 1. If an hourly (non-exempt) employee clocks in before their shift starts, or before their rest or meal period ends, are they paid for this time? Yes No
- 2. Other than the store manager (or operations director, area supervisor) is anyone else able to amend an employee's time record? Yes No
- 3. If an employee's time records are amended, is the employee required to initial or sign off on the change? Yes No
- 4. For franchise operations with more than one location, do you have policies and procedures in place to properly track hourly (non-exempt) employees working at multiple owned-operated locations, to ensure proper overtime wages are being paid (regardless of location). If you own/operate no more than (1) location, check N/A. N/A Yes No



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- 5. Are any hourly (non-exempt) employees paid for time they are required to be on the Applicant's premises at the Applicant's direction (e.g. attending training or non-work day meeting) or traveling at the Applicant's direction (e.g. attending training or making a pick-up/drop-off)? Yes ___ No ___
6. Have any of the following been made against the Applicant (or any entity or person proposed for this insurance) during the past five years alleged violation of or investigating compliance* with any wage and hour and/or overtime law, including but not limited to Fair Labor Standards Act, the California Labor Code, or any state or local wage and hour laws or regulations? Yes ___ No ___

If Yes, please provide details on a separate page.

*Violation or investigations include losses, lawsuits, hearings, demands, administrative proceedings (including audits, investigations, or review by the Department of Labor or similar state agencies (including but not limited to the CA Department of Industrial Relations).

14. Immigration Coverage

For qualified companies, this coverage is included at no additional premium.

- a. Do all your employees complete an I-9 form within 72 hours of starting work? Yes ___ No ___
b. Are I-9 forms kept for three years from date of hire and one year after the date employment ends, whichever is latest? Yes ___ No ___
c. Are employees original work eligibility documents inspected? Yes ___ No ___
d. When a "no match" letter is received from the Social Security Administration, are impacted applicants notified and given at least 90 days to correct the issue? Yes ___ No ___
e. Have any losses, lawsuits, administrative proceedings, government investigations, hearings, or demands been made against the applicant or any entity or person proposed for this insurance during the past five years alleging violations of the Immigration Reform Control Act of 1986, or any similar federal, state, or local laws or regulations? Yes ___ No ___

Date Applicant's Authorized Signature (Principal Partner, Owner or Officer) Title

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, the Applicant will immediately notify us of such change. Signing of this application does not bind us to offer, or 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 fact material thereto commits a fraudulent act, which is a crime.



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Please list all franchise locations & legal entities 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	Store Type	Legal 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	Total part Time

I understand and acknowledge that the information provided in this form is true, accurate and complete, and that it is subject to the same representations and conditions as my Application.

Date Applicant's Authorized Signature (Principal Partner, Owner or Officer) Title

Submit completed applications to:
EPLI@TargetProIns.com or fax to (866) 720-5003