



# TARGET PROFESSIONAL PROGRAMS

*A Division of CRC Insurance Services*

## WAGE & HOUR RENEWAL INFORMATION

<b>Applicant Name</b>		<b>Years in Business</b>	
<b>Principal Address</b>			

### Amendments

1. Please confirm that no changes / amendments have been made to the Insured's Wage & Hour policies / procedures since the Insured completed the Wage & Hour Supplement dated \_\_\_\_\_

Yes  No

(If any of the questions would have been completed differently, please complete the Wage & Hour Supplement in full)

### Loss History

2. Has the applicant reported all Wage & Hour **claims** to underwriters or underwriters representatives?

Yes  No

(If not, Please complete a Supplemental Claim Form (available on our Website: [www.TargetProIns.com](http://www.TargetProIns.com)).

**The Applicant warrants after full investigation and inquiry that the statements set forth herein are true and include all material information.**

_____	_____	_____
Date	Signature of Applicant's Authorized Principal or Officer	Title

_____	_____	_____
Date	Signature of Applicant's Authorized Human Resources Representative	Title