



EMPLOYEE BENEFITS LIABILITY SUPPLEMENT

1. Named Insured \_\_\_\_\_

2. a. List losses and known acts, errors or omissions for the last five years.

\_\_\_\_\_  
\_\_\_\_\_

b. List known acts, errors or omissions which may result in claims under this insurance.

\_\_\_\_\_  
\_\_\_\_\_

3. Was prior coverage carried or written on an (Check one):  Occurrence Form  Claims-Made Form  N/A Coverage was not previously carried

(If coverage was carried on a claims-made basis, attach copy of the previous claims-made Declarations.)

4. Limits/Coverage

Claims-Made Each Employee \$ \_\_\_\_\_  
Aggregate \$ \_\_\_\_\_

Proposed Retroactive Date \_\_\_\_\_

(The retroactive date is the effective date of your last claims-made policy. If the prior policy was written on an occurrence policy, the retroactive date will be the inception date of this coverage.)

Date this coverage was first purchased with limits equal to those requested on this application \_\_\_\_\_

5. Deductible: \$1,000

6. Number of Employees \_\_\_\_\_

7. Employee benefits provided:

- Group Life\*  Group Profit Sharing Plan\*  Unemployment Insurance\*
- Group Accident\*  Pension Plan\*
- Group Health\*  Stock Subscription Plan\*
- Group LTD\*  Other (Explain)

(See Coverage Form for benefits covered.)

8. Are Profit Sharing and Stock Subscription plans equally available to all full-time employees?  Yes  No (If No, coverage will not apply.)

9. Are Group Life, Group Accident, Group Health, Pension plans, Profit Sharing plans or Stock Subscription plans available to non-employees?  Yes  No (If yes, coverage will not apply.)

10. Benefit Plan Administration

- a. Personnel who counsel employees on their benefits are familiar with the details of the programs?  Yes  No
- b. Are all programs in compliance with COBRA requirements?  Yes  No

Explain any No answer. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IMPORTANT NOTICE**

**DECLARATION**

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.

Any person who, with the intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud and subject to fines and/or imprisonment.

As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.

---

Signature of Applicant

Title

Date

---

Signature of Producing Agent

Date

---

Agent Name and Address