



EMPLOYEE BENEFITS  
LIABILITY SUPPLEMENT

THE INFORMATION BEING REQUESTED IS FOR A CLAIMS MADE POLICY. IT IS IMPORTANT THAT YOU READ ALL OF THE PROVISIONS OF YOUR POLICY CAREFULLY.

Submission/ Policy Number: \_\_\_\_\_ Proposed Effective Dates: FROM: \_\_\_\_\_ TO: \_\_\_\_\_

Name \_\_\_\_\_

1. 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.  
\_\_\_\_\_  
\_\_\_\_\_

2. 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.)**

3. **Claims-Made Coverage Limits** (Each Employee/ Aggregate):  
 \$25,000/ \$25,000  \$100,000/ \$100,000  \$500,000/ \$500,000  \$1,000,000/ \$1,000,000  
 \$50,000/ \$50,000  \$300,000/ \$300,000  \$750,000/ \$750,000

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 \_\_\_\_\_

4. **Deductible:** \$1,000  
5. Number of Employees \_\_\_\_\_

6. Employee benefits provided:  
 Group Life\*  Group Profit Sharing Plan\*  Unemployment Insurance\*  
 Group Accident\*  Pension Plan\*  Social Security Benefits\*  
 Group Health\*  Stock Subscription Plan\*  Workers Compensation\*  
 Group LTD\*  Other (Explain)

**(See Coverage Form for benefits covered)**

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

9. **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. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_