



Employee Benefits Liability Insurance Application

APPLICANT'S NAME, ADDRESS, AND ZIP CODE	AGENT'S NAME AND ADDRESS
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1. Number of Employees at Policy Inception	Estimated at Policy Expiration
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2. Limits desired \$	each employee \$	aggregate (Subject to \$1,000 Deductible).
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3. Employee Benefit Programs offered by the insured:		
Group Life insurance	Employee Stock Subscription Plans	Other (Describe below)
Group Health Insurance	Disability Benefits Insurance	
Profit Sharing Plans	Pension Plans	

4. If this insurance has been in force during the past 5 years, would there have been any incidents that could have resulted in claims? Yes No If yes, by whom and how often?
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5. Are Employee Benefit Records regularly audited by a responsible Accounting Firm? Yes No
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6. Does Applicant have any knowledge of any occurrence which might in the future result in a claim under this insurance? Yes No If yes, explain:

7. Has Applicant within the last three (3) years merged with or acquired other concerns? Yes No If Yes, explain:

8. Does Applicant maintain a unit to administer Employee Benefit Programs, answer questions and advise employees concerning the Employee Benefit Program? Yes No If yes, number of employees in unit -

9. Attach copy of any pamphlets or brochures distributed by Insured describing any of the Employee Benefit Programs.

10. Does Applicant require and retain permanently written acceptance or rejection from each employee of all optional programs? Yes No If yes, explain any exceptions:
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11. Does the Applicant annually offer non-participating employees an opportunity to enroll? Yes No
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12. Does the Applicant offer to extend benefits to terminated employees and maintain records of offer and acceptance/rejection? Yes No
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Date	Applicant's Signature
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