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SUPPLEMENT FOR EMPLOYEE BENEFITS LIABILITY COVERAGE – CLAIMS MADE COVERAGE

All questions MUST be completed in full. If space is insufficient to answer any question fully, attach a separate sheet.

1. Full name of Applicant: _____
2. Total number of employees under the Applicant's Employee Benefits programs._____
3. For elective Employee Benefit programs, does the Applicant obtain and retain a signed acceptance or rejection form from every eligible employee? ..... [ ] Yes [ ] No
4. Is a written guide of the Applicant's Employee Benefits programs provided to every employee?..... [ ] Yes [ ] No
   (a) If Yes, does the Applicant obtain and retain written acknowledgment of its receipt from every employee?..... [ ] Yes [ ] No
5. Has (have) any Employee Benefits Liability judgment(s), settlement(s), payment(s), claim(s), suit(s) or demand(s) been made against any person(s) or entity(ies) proposed for this insurance?..... [ ] Yes [ ] No
   (a) If Yes, provide details._____
   _____
6. Is (are) any person(s) or entity(ies) proposed for this insurance aware of any facts, circumstances or situations which might afford grounds for any Employee Benefits Liability claim?..... [ ] Yes [ ] No
   (a) If Yes, provide details._____
   _____
7. Has any insurer declined, cancelled or nonrenewed any Employee Benefits Liability policy for any person(s) or entity(ies) proposed for this insurance? ..... [ ] Yes [ ] No
   (a) If Yes, provide details._____
   _____
8. Does the Applicant currently carry Employee Benefits Liability Insurance?..... [ ] Yes [ ] No
   (a) If Yes, provide the following:

Name of Insurer	Limits	Policy Period	Deductible/Retention	Premium	Retro/Prior Acts Date

Signing this Supplement does not bind the Company to provide or the Applicant to purchase the insurance.

It is understood that information submitted herein becomes a part of the application for insurance and is subject to the same declarations, representations and conditions.

Must be signed by director, executive officer, partner or equivalent (within 60 days of the proposed effective date).

_____ _____
Name of Applicant Title

_____ _____
Signature of Applicant Date