



**Supplemental Application
For
Employee Benefits Liability**
(Complete in addition to ACORD)

1. Name of Applicant: _____
2. Do you offer an Employee Benefits Program? Yes No
3. Number of employees: U.S. _____ Canada _____ Other _____
4. Number of employees covered by the Employee Benefits Plan: _____
5. Number of employees in charge of administering the Employee Benefits Plan: _____
6. What are the qualifications of employee benefits counselors and benefits administrators? _____

7. Are personnel unfamiliar with the program counseling employees about benefits? Yes No
8. Are stock subscriptions or profit sharing plans equally available to all full-time employees? Yes No
9. Is the Employee Benefits Program offered to non-employees? Yes No
10. Employee Benefits Programs which are automatically covered without being specifically listed by the applicant are:
Group Life Insurance, Disability, Dental Benefits Insurance, Group Accident or Health Insurance, Unemployment Insurance, Social Security Benefits, and Workers Compensation and Disability.
Indicate any other type of benefits that are desired:
a) _____ b) _____ c) _____ d) _____
Describe: _____
11. Is all correspondence regarding Applicant's Employee Benefit Program made in writing? Yes No
12. Does your company form part of a franchise? Yes No
13. If multiple locations exist, is administration centralized? Yes No
If no, explain: _____
14. Number of branches, other business location: _____
15. How are employees in branches and other locations advised of benefits?
Describe: _____
16. Has coverage ever been declined or cancelled? Yes No
If yes, please explain: _____
17. Are you aware of any claims that have been or will be brought against you regarding the Employee Benefits Program? Yes No
If yes, please explain: _____
18. Have you ever been legally obligated to pay damages because of acts, errors or omissions arising out of the administration of your employee benefit program? Yes No
If yes, give details: _____
19. Do you have knowledge of an occurrence which might result in a claim? Yes No
If yes, describe: _____

Applicant's Signature

Date

Title

Producing Agent