

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.

□ N/A Coverage was not previously of the previous claims-made Decl 3. Claims-Made Coverage Limits (Each Employee/ Aggregate): □ \$25,000/\$25,000 □ \$100,000/\$100,000 □ \$500,000/\$500,000 □ \$1,000,000/ □ \$25,000/\$50,000 □ \$100,000/\$100,000 □ \$5750,000/\$750,000 □ \$1,000,000/ □ \$25,000/\$50,000 □ \$300,000/\$300,000 □ \$750,000/\$750,000 □ \$1,000,000/ □ \$25,000/\$50,000 □ \$300,000/\$300,000 □ \$750,000/\$750,000 □ \$1,000,000/ □ Proposed Retroactive Date		(Delieu Number) Dreneged Effective Detect FDOM: TO:
1. a. List losses and known acts, errors or omissions for the last five years.		Policy Number: Proposed Ellective Dates: FROM: TO.
b. List known acts, errors or omissions which may result in claims under this insurance. b. List known acts, errors or omissions which may result in claims under this insurance. c. Was prior coverage carried or written on an (<i>Check one</i>): Claims-Made Coverage vas carried on a claims-made basis, attach copy of the previous claims-made Decl 3. Claims-Made Coverage Limits (Each Employee/ Aggregate): \$25,000/\$25,000 \$25,000/\$25,000 \$100,000/\$100,000 \$500,000/\$500,000 \$500,000/\$500,000 \$1,000,000/\$500,000 \$500,000/\$500,000 \$1,000,000/\$500,000 \$500,000/\$500,000 \$1,000,000/\$500,000 \$1,000,000/\$500,000 \$1,000,000/\$500,000 \$1,000 \$2,000 \$2,000 \$2,000 \$2,000 \$2,000 \$2,000 \$2,000/\$25,000 \$1,000,000/\$20,000 \$2,000/\$25,000 \$2,000/\$25,000 \$2,000/\$25,000 \$2,000/\$25,000 \$2,000/\$25,000 \$2,000/\$25,000 \$2,000/\$25,000 \$2,000/\$25,000 \$2,000/\$25,000 \$2,000/\$25,000 \$2,000/\$25,000 \$2,000/\$25,000 \$2,000/\$25,000 \$2,000/\$25,000 \$2,000/\$25,000 \$2,000/\$25,000 \$2,000/\$25,000 \$2,000/\$25,000 \$2,000/\$25,000 \$2,000/\$2,000/\$20,000 \$2,000/\$2,000 \$2,000/\$2,000/\$2,000 \$2,000/\$2,000 \$2,00	vame	
2. Was prior coverage carried or written on an (<i>Check one</i>):	1. a.	losses and known acts, errors or omissions for the last five years.
2. Was prior coverage carried or written on an (<i>Check one</i>):		
N/A Coverage was not previously of the previous claims-made Deck (If coverage was carried on a claims-made basis, attach copy of the previous claims-made Deck (If coverage Limits (Each Employee/ Aggregate): 3. Claims-Made Coverage Limits (Each Employee/ Aggregate): 3. \$25,000/\$25,000 \$100,000/\$100,000 \$500,000/\$500,000 \$1,000,000/\$ 3. \$25,000/\$25,000 \$100,000/\$100,000 \$500,000/\$500,000 \$1,000,000/\$ 3. \$25,000/\$50,000 \$300,000/\$300,000 \$5750,000 \$1,000,000/\$ 9. \$25,000/\$50,000 \$300,000/\$300,000 \$750,000/\$750,000 \$1,000,000/\$ 9. Proposed Retroactive Date	b.	known acts, errors or omissions which may result in claims under this insurance.
N/A Coverage was not previously of the previous claims-made Deck (If coverage was carried on a claims-made basis, attach copy of the previous claims-made Deck (If coverage Limits (Each Employee/ Aggregate): 3. Claims-Made Coverage Limits (Each Employee/ Aggregate): 3. \$25,000/\$25,000 \$100,000/\$100,000 \$500,000/\$500,000 \$1,000,000/\$ 3. \$25,000/\$25,000 \$100,000/\$100,000 \$500,000/\$500,000 \$1,000,000/\$ 3. \$25,000/\$50,000 \$300,000/\$300,000 \$5750,000 \$1,000,000/\$ 9. \$25,000/\$50,000 \$300,000/\$300,000 \$750,000/\$750,000 \$1,000,000/\$ 9. Proposed Retroactive Date		
 3. Claims-Made Coverage Limits (Each Employee/ Aggregate): \$25,000/\$25,000 \$100,000/\$100,000 \$500,000/\$500,000 \$100,000/\$500,000 \$750,000 \$1,000,000/\$500,000 \$750,000 \$750,000/\$500,000 \$750,000 \$750,000/\$500,000 \$750,000 \$750,000 \$750,000 \$750,000 \$750,000 \$750,000 \$750,000 \$100,000/\$500,000 \$750,000 \$100,000/\$500,000 \$750,000 \$100,000/\$500,000 \$750,000 \$100,000/\$500,000 \$750,000 \$100,000/\$500,000 \$750,000 \$100,000/\$500,000 \$100,000 \$100,00	2. Was	or coverage carried or written on an <i>(Check one</i>): Occurrence Form Claims-Made Form N/A Coverage was not previously carried
		overage was carried on a claims-made basis, attach copy of the previous claims-made Declarations.)
 (The retroactive date is the effective date of your last claims-made policy. If the prior policy was written of 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		,000/ \$25,000 🗌 \$100,000/ \$100,000 🗌 \$500,000/ \$500,000 🗌 \$1,000,000/ \$1,000,000
 5. Number of Employees	(The occ	roactive date is the effective date of your last claims-made policy. If the prior policy was written on an ence policy, the retroactive date will be the inception date of this coverage.)
 6. Employee benefits provided: Group Life* Group Profit Sharing Plan* Unemployment I Group Accident* Pension Plan* Social Security E Group Health* Stock Subscription Plan* Workers Compe Group LTD* Other (<i>Explain</i>) (See Coverage Form for benefits covered) 7. Are Profit Sharing and Stock Subscription plans equally available to all full-time employees? Yes [4. Ded	ible: \$1,000
Group Life* Group Profit Sharing Plan* Unemployment I Group Accident* Pension Plan* Social Security E Group Health* Stock Subscription Plan* Workers Compe Group LTD* Other (<i>Explain</i>) (See Coverage Form for benefits covered) 7. Are Profit Sharing and Stock Subscription plans equally available to all full-time employees? Yes [(<i>If No, coverage will not apply.</i>)	5. Nun	r of Employees
7. Are Profit Sharing and Stock Subscription plans equally available to all full-time employees? Yes (<i>If No, coverage will not apply.</i>)		oup Life*I Group Profit Sharing Plan*I Unemployment Insurance*oup Accident*I Pension Plan*I Social Security Benefits*oup Health*I Stock Subscription Plan*I Workers Compensation*
(If No, coverage will not apply.)	(Se	overage Form for benefits covered)
8. Are Group Life, Group Accident, Group Health, Pension plans, Profit Sharing plans or Stock Subscription		
to non-employees? Yes No (If Yes, coverage will not apply.)		up Life, Group Accident, Group Health, Pension plans, Profit Sharing plans or Stock Subscription plans available 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? b. Are all programs in compliance with COBRA requirements? Yes No Explain any No answer. 	a. b.	sonnel who counsel employees on their benefits are familiar with the details of the programs?