

EMPLOYEE BENEFITS LIABILITY INSURANCE APPLICATION

Please fill out all the information below

APPLICANT'S NAME, ADDRESS, AND ZIP CODE

AGENT'S NAME AND ADDRESS

PREMIER UNDERWRITERS, INC.

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1. Number of Employees at Policy Inception _____ Estimated at Policy Expiration _____
2. Limits desired \$ _____ each employee \$ _____ aggregate (Subject to \$1,000 Deductible).
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:
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7. Has Applicant within the last three (3) years merged with or acquired other concerns? Yes No
If Yes, explain:
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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
12. Does the Applicant offer to extend benefits to terminated employees and maintain records of offer and acceptance/rejection? Yes No

Date

Applicant's Signature