Insuring A World In Motion

EMPLOYEE BENEFIT LIABILITY SUPPLEMENTAL APPLICATION

1. Name of Applicant: ____

2. Address: ____

3. # of Employees _________

4. # of Employees covered by the Employee Benefits Plan: ____

5. On programs permitting employees an option to enroll or not to enroll, does the applicant require a signed acceptance or rejection from each employee? Yes ___ No ___

Administration Qualifications

6. Is the administration of the Employee Benefits Program:

   a. Handled by a dedicated Human Resources Department? Yes ___ No ___

   b. Handled by a single employee? Yes ___ No ___

7. If 6.b was "Yes":

   a. How many years has the Administrator been handling the program? _____ Years

   b. Total years of experience? _____ Years

8. Is all correspondence regarding applicant's Employee Benefits Plan made in writing? Yes___ No___

9. If this insurance had been in force during the past 10 years, would any claim have been presented? (Give details.)
   ____

10. Has coverage ever been declined or cancelled? Yes___ No___ Explain:_________________________________

    ____

11. Limits desired $____________________ Each Claim $______________________ Aggregate

________________________________	________	______	_________________________	_______
(Insured's Signature)	**Title**	**Date**	**(Agent's Signature)**	**Date**