

Account and Policy No. _____

Div/Agent # _____

Effective Date _____

Quote Only

Date _____

Underwriter Approval _____

Named Insured _____

City/State _____

Employee Benefits Application and Survey – Professional Liability

DO NOT BIND, REFER TO UNDERWRITING

LIMITS:

- \$100,000/\$300,000
- \$300,000/\$900,000

- \$500,000/\$1,500,000
- \$1,000,000/\$3,000,000

1. Provide the total number of individuals participating in benefit plans administered by the insured:

- 1 - 100
- 101 - 200
- 201 - 300
- 301 - 500
- Over 500

2. Other plans have been added or merged into an existing plan

Yes No If yes checked, provide details: _____

3a. Insured retains an independent plan manager

Yes No

3b. Provide details/description of plan administrator's background and past experience. _____

3c. Provide number of years of experience for current plan administrator.

- 0 - 1
- 2 - 5
- Over 5

4. Have the party(s) responsible for the administration of the plan ever committed or been convicted of a dishonest act?

Yes No If yes checked, provide details: _____

5. Has coverage ever been declined or nonrenewed? N/A State = MO

Yes No If yes checked, provide details: _____

6. Any employee benefits insurance carried in the last 3 years?

Yes No (If yes, complete the following)

Name of carrier: _____

Expiration date: _____

Coverage was: Claims Made Occurrence

Retro date: _____

7. Are there any past or pending claims against any plan?

Yes No If yes checked, provide details: _____

8. Are employee benefit plans and written procedures reviewed with employees?

Yes No If no checked, provide details: _____

Name of individual providing the information for completion of this form. _____

Title _____ Date _____