

- Western World Insurance Company
- Tudor Insurance Company
- Stratford Insurance Company

Supplemental Application  
For  
**Employee Benefits Liability**

**I. GENERAL INFORMATION**

1. Proposed Insured: \_\_\_\_\_
2. Street Address: \_\_\_\_\_
3. City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Applicant's Web Site Address: \_\_\_\_\_
4. Limits of Liability requested: \$ \_\_\_\_\_ each claim \$ \_\_\_\_\_ aggregate
5. Do you offer an Employee Benefits Program?  Yes  No
6. Number of employees: U.S. \_\_\_\_\_ Canada \_\_\_\_\_ Other \_\_\_\_\_
7. Number of employees covered by the Employee Benefits Plan: \_\_\_\_\_
8. Number of employees in charge of administering the Employee Benefits Plan: \_\_\_\_\_
9. What are the qualifications of employee benefits counselors and benefits administrators? \_\_\_\_\_
  
10. Are personnel unfamiliar with the program counseling employees about benefits?  Yes  No
11. Are stock subscriptions or profit sharing plans equally available to all full-time employees?  Yes  No
12. Is the Employee Benefits Program offered to non-employees?  Yes  No
13. 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: \_\_\_\_\_
14. Is all correspondence regarding applicant's Employee Benefit Program made in writing?  Yes  No
15. Does your company form part of a franchise?  Yes  No
16. If multiple locations exist, is administration centralized?  Yes  No  
If no, explain \_\_\_\_\_
17. Number of branches, other business location: \_\_\_\_\_
18. How are employees in branches and other locations advised of benefits?  
Describe: \_\_\_\_\_
19. Who was your prior carrier? \_\_\_\_\_
20. Has coverage ever been declined or cancelled?  Yes  No  
If yes, please explain \_\_\_\_\_
21. 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 \_\_\_\_\_
22. Has any error or omission loss ever been sustained?  Yes  No  
If yes, give details \_\_\_\_\_
23. Does the applicant have knowledge of an occurrence, which might result in a claim?  Yes  No  
If yes, describe \_\_\_\_\_