





## ANI #8 Employee Benefits Liability Supplemental Application

Applicant Name:							
Please Note: This application is for Employee Benefits Liability coverage, and can only be bound in conjunction with a General Liability policy. For complete instructions on our submission requirements, please visit <a href="https://secure.insurancefornonprofits.org/Brokers-New-Submissions.cfm">https://secure.insurancefornonprofits.org/Brokers-New-Submissions.cfm</a>							
EMPLOYEE BENEFITS LIABILITY (EBL)							
1.	a.	a. In the past three (3) years, has any insurance carrier declined, canceled or non-renewed any Employee Benefits Liability coverage for which the Applicant has applied?					
		If yes, please explain:					
	b.	<ul> <li>b. Does Applicant have knowledge or information of any incidents which might reasonably be expected to give rise to a claim?</li> <li>☐ Yes ☐ No</li> </ul>					
	C.	c. Attach currently valued loss runs for the past three (3) years as well as a completed NIAC/ANI #11 Claims Supplemental Application for each claim that has been reported under any Employee Benefits Liability policy in the last three (3) years. If no coverage was in force, but an incident did occur, please complete the #11 Claims Supplemental Application to describe each incident. If none, please check here:  \[ \sum \text{None} \]					
2.	Do	oes Applicant currently have any Employee Benefits Liability coverage in force?					
	If y	If yes, please complete the following:					
		Prior Carrier	Effective Dates	Limit	Retro Date (if claims made	) Premium	
3.	Are	Are benefits offered to all regular, full-time employees?					
4.	Are any benefits offered to part-time employees?					☐ Yes ☐ No	
5.	ls a	a signed acceptance/r	☐ Yes ☐ No				
6.	На	Has there ever been a dispute or threatened dispute over benefits?				☐ Yes ☐ No	
7.	Do	es Applicant have a p	☐ Yes ☐ No				
	If y	If yes, please complete the following:					
	a.	a. Plan is managed by:   Applicant Third Party Administrator - Name:					
	b.	<ul> <li>b. Is the administrator of the plan also an investment advisor registered with the Securities and Exchange Commission?</li> <li>☐ Yes ☐ No</li> </ul>					
	C.	c. Investment decisions are made by:  Applicant Employees					
	d. Does Applicant provide investment advice to employees?					☐ Yes ☐ No	