

**EMPLOYEE BENEFITS LIABILITY (EBL)
QUESTIONNAIRE**

Applicant Name: _____

Please answer the following questions. Please send copies of written procedures that apply to these questions.

1. Who controls benefit administration? _____

2. What is the procedure for notifying employees of their benefits or revisions to their benefits?

3. How frequently are comprehensive benefit audits conducted? _____

4. Are the same benefits offered to all regular, full time employees? Yes No

5. Are any benefits offered to half-time employees? Yes No

6. Is a signed acceptance/rejection form kept in all employees' personnel files? Yes No

7. Does the applicant have a pension plan for employees? Yes No

If yes, please answer the following questions:

a) Who is the investments advisor for the plan? _____

b) What is the relationship of the investment advisor to the Applicant?

c) Is the investment advisor for the plan registered with the Securities and Exchange Commission? Yes No

d) Is there a written policy statement outlining the plan's investment objectives and how they will be achieved and monitored? Yes No

8. Has there ever been a dispute or threatened dispute over benefits? Yes No

9. Provide currently valued loss runs for the past three (3) years as well as a description and current status of any claims, which have been reported under any EBL policy in the past three (3) years. If none, check here .

10. In the past three (3) years has any insurance carrier declined, canceled or non-renewed EBL coverage?
 Yes No If yes, please explain _____

11. EBL insurance information for prior three (3) years:
Check here if **NO** EBL policy is currently in force

| Policy Period | Insurance Carrier | Premium | Retro Date |
|---------------|-------------------|---------|------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |