Hull & Company

Dallas
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F: (972) 789-1967

Houston
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SUPPLEMENTAL APPLICATION
EMPLOYEE BENEFITS LIABILITY-CLAIMS MADE

1. Named Insured & Address (policy # if applicable):

_____

_____

2. Total # Full Time Employees: _____
   Total # of Part Time Employees: _____ (if eligible for benefits)

2. Losses and Known Acts, Errors or Omissions: (past five years)

_____

_____

4. Employee Benefits Provided.
   Mark **"I"** for insurance plans and **"S"** for self-insured or self-funded plans:

_____ Group Life	_____ Unemployment Ins.
_____ Group Accid.	_____ Social Security Benefits
_____ Group Health	_____ Workers Compensation
_____ Group LTD	_____ Disability Benefits (req. by State)
_____ Group Profit Sharing Plan*	_____ Stock Option Plans*
_____ Pension Plans	

*Explain Eligibility:

_____

_____

5. Do you currently carry coverage for Employee Benefits Liability? If so, provide policy number, term, carrier and advise if claims made-retroactive date:

_____

I have carefully examined the foregoing statements and warrant that such statements contain full, complete, and accurate disclosure of all facts.

_____ or _____

Named Insured/Date **Authorized Officer/Date**

_____

Agent/Date