



Employee Benefits Liability			
Named Insured			
Limit	\$1,000,000	**Retroactive Date	
Plans to be Covered			
Are you aware of any occurrence(s) that have or would have resulted in a claim now or in the past three years? (If yes, please explain below)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the administration of program assigned to a specific person or unit? (If yes, please explain below)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If multiple locations exist, is administration centralized? (If no, please explain below)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
**If retro date is any date other than inception, please provide evidence of continuous coverage or copy of tail coverage.			