



## Employee Benefits Questionnaire Countrywide (except TX)

Agency Name \_\_\_\_\_

Number of Employees: Full Time \_\_\_\_\_ Average Part Time & Seasonal \_\_\_\_\_

### Limits requested (each claim/annual aggregate) per \$1,000

- 100/200   
  100/300   
  100/500   
  300/300   
  300/600  
 500/500   
  500/1000   
  1000/1000   
  1000/2000

If Umbrella coverage is desired, you must have the Aggregate limit and Each Claim limit at \$1M

### Employee Benefit Coverage(s) provided

1.  Disability (Short or Long Term)
2.  Employee Stock Ownership
3.  Group Accident & Health
4.  Group Life
5.  Pension Plan
6.  Social Security
7.  Unemployment
8.  Workers Compensation
9.  Other (please explain) \_\_\_\_\_

**Yes      No**

Are the employees required to sign an application to accept or reject optional coverages?      

If yes, please provide details.

Do you employ a full time benefits administrator?      

Were there any incidents during the past five years which would have resulted in claims had this insurance been in force?      

If yes, please provide details.

Do you know of any occurrence which may result in a future claim?      

If yes, please provide details.

Authorized Representative \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_