



entertainment

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EMPLOYEE BENEFITS ADMINISTRATION ERRORS & OMISSIONS INSURANCE APPLICATION
LIMITED COVERAGE FORM (CLAIMS MADE)

NOTICE: This is an Application for a "NAMED PERILS" CLAIMS MADE POLICY. Except to such extent as may be provided otherwise herein, any insurance Policy which may issue hereafter will be limited to liability for only those CLAIMS THAT ARE FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD. Please read and review this Application carefully and discuss the coverage with your insurance agent, broker or representative.

1. Name of Applicant: _____

2. Address: _____

3. Does applicant have a full time Personnel Department? []Yes []No

4. Number of Employees under Employee Benefit programs administered in the United States, its territories or Canada: _____

5. Employee Benefit Programs which are automatically covered without being specifically listed by the applicant are: Group Life Insurance, Group Accident or Health Insurance, Profit Sharing Plans, Pension Plans, Employee Stock Subscription Plans, Worker's Compensation, Unemployment Insurance, Social Security Benefits and Disability Benefits Insurance. List below any other types of benefit programs the applicant wants the company to consider for inclusion under this insurance:

a. _____ b. _____

c. _____ d. _____

6. For those programs permitting Employees to enroll at their option, does the Applicant require a signed and dated acceptance or rejection from each employee? []Yes []No:
If "Yes," is the signed and dated acceptance or rejection retained in the employee's personnel file? []Yes []No

Employee enrollment requests must be made in writing and may not be backdated. Refer to the coverage form for details.

7. Is a benefit brochure or written explanation of the Employee Benefits Program given to each employee? []Yes []No;
If "Yes," does the employee acknowledge receipt of the brochure or explanation in writing?
[]Yes []No

8. Are all benefits available to all employees? []Yes []No:
If "No," list exceptions: _____

9. Who advises the employees of their benefits? Personnel Manager, Department Manager, Immediate Supervisor, Others (Describe): _____

EMPLOYEE BENEFITS ADMINISTRATION ERRORS & OMISSIONS INSURANCE (CONT'D)

10. Is there a review of employee questions and a record kept as to employee's acceptance or rejections of any one or all the benefits? Yes No

11. Has any Error or Omission loss ever been sustained or is any pending against the Applicant?

Yes No: If "Yes," give details: _____

12. Has any occurrence taken place in the past that is likely to give rise to a claim? Yes No:

If "Yes," please give details: _____

13. (a) Number of Applicant's locations: _____

(b) How are employees in other than main-office locations advised of benefits? Describe: _____

14. Limit of insurance requested: \$_____ Each Employee.

Policy is subject to a \$ 1,000 deductible per employee, and to the General Aggregate Limit of Coverage A of the Commercial General Liability Coverage Form.

15. Coverage Period: From _____ to _____ Proposed Retroactive Date: _____

16. Present or Prior Carrier: _____ Policy No. _____

Policy Term _____ Describe any coverage restrictions: _____

Occurrence Coverage, Claims-made Coverage. If Claims-made, Retroactive Date: _____

If Claims-made, Entry Date into uninterrupted claims-made coverage: _____

If Claims-made, was tail coverage purchased under any previous policy? _____

(Continued on next page)

EMPLOYEE BENEFITS ADMINISTRATION ERRORS & OMISSIONS INSURANCE (CONT'D)

Any person who knowingly and with intent to defraud any insurance company or other person rifles an application for insurance containing any false information, or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

Date Signed: _____

Applicant's Signature: _____

By: _____

Title: _____

Account Executive: _____

Brokerage Firm: _____

Address: _____

Phone: _____ Telex: _____ Telefax: _____