

Underwriting Manager A Markel Company

- DEERFIELD INSURANCE COMPANY
- EVANSTON INSURANCE COMPANY
- MARKEL AMERICAN INSURANCE COMPANY
- MARKEL INSURANCE COMPANY

## SUPPLEMENT FOR EMPLOYEE BENEFITS LIABILITY COVERAGE

All	All questions MUST be completed in full. If space is insufficient to answer any question full	y, attach a separate sheet.
1.	Full name of Applicant:	
2.	Total number of employees under the Applicant's Employee Benefits programs	
3.	3. Does the Applicant have a full-time human resource manager or department?	[]Yes[]No
4.	4. For elective Employee Benefit programs, does the Applicant obtain and retain a signe acceptance or rejection form from every eligible employee?	
5.	5. Is a written guide of the Applicant's Employee Benefits programs provided to every e If Yes, does the Applicant obtain and retain written acknowledgement of its receipt fro every employee?	om
6.	Has (have) any Employee Benefits Liability judgment(s), settlement(s), payment(s), claim(s), suit(s) or demand(s) been made against any person(s) or entity(ies) proposed for this insurance?	
7.	Is (are) any person(s) or entity(ies) proposed for this insurance aware of any facts, circumstances or situations which might afford grounds for any Employee Benefits Liability claim?	
8.	Has any insurer declined, cancelled or nonrenewed any Employee Benefits Liability policy for any person(s) or entity(ies) proposed for this insurance?	
9.	Does the Applicant currently carry Employee Benefits Liability Insurance?	
	Name of Insurer Limits Policy Period Deductible/Retention Pr	emium Retro/Prior Acts Date
NO	NOTICE TO THE APPLICANT - PLEASE READ CAREFULLY	
insi and sup Mo	For the purpose of this supplement, the undersigned authorized agent of the person(s insurance declares that to the best of his/her knowledge and belief, after reasonable inquiry and in any attachments, are true and complete. This supplement, information submitted w supplements and material changes thereto of which Shand Morahan & Company, Inc. re Morahan & Company, Inc. and is considered physically attached to and part of the p Company, Inc. and the Company will have relied upon this supplement and all such attachments.	y, the statements in this supplement ith this supplement and all previous eceives notice is on file with Shand olicy if issued. Shand Morahan &
tha	Signing this supplement does not bind the Company to provide or the Applicant to purch that information submitted herein becomes a part of the application for insurance and is representations and conditions.	
Mu	Must be signed by director, executive officer, partner or equivalent (within 60 days of the p	roposed effective date).
Na	Name of Applicant Title	
Sig	Signature of Applicant Date	