



OUTDOOR SPORTS AND RECREATION INSURANCE PROGRAM

GREAT SOUTHERN AGENCY, LLC., 300 Glen Eagles Court, Suite E, Carrollton, Ga 30117

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EMPLOYEE BENEFITS LIABILITY SUPPLEMENTAL APPLICATION

Complete in addition to OSAR Supplemental Application & ACORD Applications

INSURED INFORMATION

Named Insured:

DBA:

EMPLOYEE BENEFITS Limits of Liability requested: (select one each column)

	Limit Occurrence	Aggregate Limit
	25,000	50,000
	50,000	100,000
	100,000	100,000
	250,000	250,000
	500,000	500,000
	1,000,000	1,000,000

1. Retroactive Date:

If the retroactive date is prior to the policy effective date, please provide evidence of prior coverage showing the retroactive date.

2. Number of Employees considered via current Employee Benefits Program:

3. If you do not have a program, will Applicant be starting one in the proposed Policy Term?

Yes No

5. Number of employees covered/ to be covered by the Employee Benefits Plan:

6. Employee Benefit Programs to be offered (O) or (check all applicable): If any of the below are "involuntary" (automatically included) please check the "I" box as well

O	I		O	I	
		GROUP LIFE INSURANCE			DISABILITY
		GROUP DENTAL			GROUP HEALTH
		GROUP ACCIDENT			UNEMPLOYMENT
		SOCIAL SECURITY BENEFITS			WORKER'S COMPENSATION
		ANCILLARY BENEFITS			PROFIT SHARING/STOCK PLANS
		OPTICAL/VISION			VACATION PROGRAMS
		OTHER?			OTHER?

7. Is all correspondence regarding your Employee Benefit Program made in written form?

Yes No

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8. On programs permitting employees an option to enroll or not to enroll, do you require a signed acceptance or rejection from each employee? Yes No

If no, explain:

9. Are benefit plans jointly administered (i.e., trustees elected or appointed by management and union)? Yes No

10. Are benefit plans administered by an outside third-party administrator? Yes No

If "Yes", name of Administrator:

Do they carry errors and omissions liability insurance of at least \$1,000,000? Yes No

If no, number of employees in charge of administering the Employee Benefits Plan:

Yes No

What are the qualifications of employee benefits counselors and benefits administrators?

11. Are personnel who are counseling employees trained using information and tools from the Providers? Yes No

12. Have any error or omission losses ever been sustained? Yes No

If yes, give details:

13. Are stock subscriptions or profit-sharing plans equally available to all full-time employees?

Yes No

14. Does your company form part of a franchise? Yes No

15. Is the Employee Benefits Program offered to insured's non-employees? Yes No

16. Do you administer any Benefit Plans for others? Yes No

If yes, please explain:

Are all Programs in compliance with COBRA requirements? Yes No

If no, please explain:

If multiple locations exist, is administration centralized? Yes No

If no, please explain:

17. How are employees in branches and other locations advised of benefits? Yes No

Describe:

18. Who was your prior Employee Benefits carrier? Expiration:

19. Has coverage ever been declined or cancelled? Yes No

If yes, please explain:

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20. Have you rejected the Workers Compensation Act(s) in any State (NJ and TX applicants must answer)? Yes No

21. Are you aware of any claims that have been in the last five years, or impending now that may be brought against you regarding the Employee Benefits Program? Yes No

If yes, please explain:

22. As the authorized person to respond, do you or any Officer or Director have knowledge of or information of any occurrence which might give rise to a claim, either presently or in the preceding (5) five years? Yes No

If yes, please explain:

23. If this insurance had been in force during the past five years, would any claim have been presented?

Yes No

If yes, please explain:

ADDITIONAL INFORMATION FOR THIS SECTION: