OUTDOOR SPORTS AND RECREATION INSURANCE PROGRAM
GREAT SOUTHERN AGENCY, LLC., 980 Hays Mill Road, Carrollton, GA 30117
T: 678-664-0600 F: 678-664-0602 www. firearmsins.com
SUBMISSIONS@FIREARMSINS.COM

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

4. Number of employees not in the United States? What Countries?

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:

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: