



ZURICH

STEADFAST INSURANCE COMPANY
Dover, DE

APPLICATION FOR EMPLOYEE BENEFITS LIABILITY PROGRAM

<i>Insured</i>	
<i>Address</i>	<i>Zip Code</i>
<i>Effective Date</i>	
<i>Limit of Liability</i>	
\$ _____ <i>Each Claim</i>	\$ _____ <i>Aggregate</i>
<i>Number of Employees</i>	
<i>United States</i> _____	<i>Canada</i> _____ <i>Other</i> _____
THE FOLLOWING EMPLOYEE BENEFITS PROGRAMS ARE AUTOMATICALLY COVERED AND NEED TO BE SPECIFICALLY LISTED:	
<i>Group Life Insurance</i> <i>Group Accident or Health Insurance</i> <i>Profit Sharing Plan</i> <i>Pension Plans</i> <i>Employee Stock Subscription Plans</i>	<i>Workers Compensation</i> <i>Unemployment Insurance</i> <i>Social Security Benefits</i> <i>Disability Benefits</i>
<i>Indicate any other type of Benefits Programs for which coverage is desired:</i>	
A. _____	D. _____
B. _____	E. _____
C. _____	
<i>Would a claim have been made if this insurance had been in effect during the past three years?</i> <i>(If yes, give details.)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>Does the applicant have knowledge of an occurrence which might result in a claim?</i> <i>(If yes, describe briefly.)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	

Is the administration of Applicant's Employee Benefits Program assigned to a specific person or unit? (If yes, describe briefly.) Yes No

If multiple locations exist, is administration centralized? (If no, describe briefly.)
 Yes No

Is all correspondence regarding applicant's Employee Benefits program made in writing?
 Yes No

APPLICATION WARRANTY

This application shall not be binding unless and until a policy shall be issued and then only as of the effective date of said policy and in accordance with all terms thereof and the said Applicant hereby covenants and agrees that the foregoing statements are just, full and true exposition of all the facts and circumstances with regard to the risk to be insured, insofar as same are known to the Applicant, and the same are hereby made the basis and a condition of the insurance, and a warranty on the part of the insured.

It is mutually understood and agreed between the company and the Applicant that any inspection of premises, operations, or any matter pertaining to insurance afforded by the Company, is made for the use and benefit of the Company only, and is not to be relied upon by the Applicant in any respect.

Signature of Producer Date

Signature of Applicant Date

SURPLUS LICENSE NUMBER OF PRODUCER

Number

State

If you want to learn more about the compensation Zurich pays agents and brokers visit: <http://www.zurichnaproducercompensation.com> or call the following toll-free number: (866) 903-1192. This Notice is provided on behalf of Zurich American Insurance Company and its underwriting subsidiaries.