

**THIRD PARTY ADMINISTRATORS/BENEFIT ADMINISTRATORS  
ERRORS & OMISSIONS**

1. Name/Address of Applicant: (Please include DBA's/Subsidiaries, etc)

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2. Give approximate percentages of all operations engaged in:

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|---|-------|---|
| <b>Administration of health &amp; welfare plans</b> | _____ | % |
| <b>Administration of pension plans</b>              | _____ | % |
| <b>Computer Services</b>                            | _____ | % |
| <b>Insurance Services</b>                           | _____ | % |
| <b>Consultant Services</b>                          | _____ | % |
| <b>Actuarial Services</b>                           | _____ | % |
| <b>Data Processing</b>                              | _____ | % |
| <b>Other (Please Specify)</b>                       | _____ | % |
| <b>Total</b>  | _____ | % |

4. What type of clients does your firm serve? Give approximate percentage of revenues.

- |                                    |       |   |
|------------------------------------|-------|---|
| Taft-Hartley                       | _____ | % |
| Corporate Plans                    | _____ | % |
| Multiple employer trusts           | _____ | % |
| Public/Government plans            | _____ | % |
| Single employer plans              | _____ | % |
| Multi-employer plans               | _____ | % |
| Health and welfare plans           | _____ | % |
| Pension and/or profit sharing plan | _____ | % |
| Other (Please Specify)             | _____ | % |

5. a. Number of accounts: \_\_\_\_\_
- b. Number of participants for plans administered by the firm: \_\_\_\_\_

c. Total annual contributions to the plans administered by the firm:

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d. Total annual benefit payments issued in the administration of all plans:

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6. Does the firm, its partners, directors, officers or employees act as Trustee for any clients or non-clients?  
\_\_\_\_\_ Yes \_\_\_\_\_ No. If yes, please explain in detail:

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7. Is 50% or more of your firm's income derived from providing contract administration services?  
\_\_\_\_\_ Yes \_\_\_\_\_ No.

8. Does your firm administer any self-funding multiple employer trusts (METs)? \_\_\_\_\_ Yes \_\_\_\_\_ No. If yes, please explain in detail on a separate sheet.

9. a. Name and address of law firm acting as counsel to the firm:

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b. Name and address of law firm acting as counsel to the firm:

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10. Describe measures that firm has instituted to assure that the various client plans comply with ERISA:

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11. To what extent do you or your clients make use of outside attorneys, accountants, actuaries, CPA's or others in order to comply with ERISA?

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Applicant hereby represents that the information contained in this Supplemental Application is true, accurate and complete, and that no material facts have been suppressed or misstated. The Applicant understands that the information submitted herein shall become part of the Errors and Omissions Insurance Application attached hereto, and the Applicant represents that the information and statements contained in the Errors and Omissions Insurance Application remain true and accurate.

**Applicant's Authorized Representative:** \_\_\_\_\_

**Signature of Authorized Representative**

\_\_\_\_\_

**Print Name of Authorized Representative**

\_\_\_\_\_

**Title of Authorized Representative**

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
mo day year