



General Liability and Employee Benefits Liability Supplement

- Darwin Select Insurance Company
- Darwin National Assurance Company

General Liability:

Limit: \$ _____ per claim \$ _____ aggregate Retroactive Date: _____

- Occurrence Claims Made

Deductible: \$10,000 \$25,000 \$50,000 \$100,000 Other: _____

Employee Benefits Liability (Claims Made Only)

Limit: \$ _____ per claim \$ _____ aggregate Retroactive Date: _____

Location	Area	Age	Type of Construction	# of Floors	Sprinkler Protection	Type of Fire Protection (City, State)
Patient Care Buildings						
Patient Care Buildings						

Deductible: \$1,000 \$2,500 \$5,000 \$10,000 Other: _____

Employee Benefits Liability Exposures

- a. Number of Employees? _____
- b. Is Employee benefits Self Administered? Yes No

Other Exposures

- a. Are there elevators or escalators on any premises owned, leased or occupied by the insured? Yes No
If so, how many? _____
- b. List the number and type of owned or leased vehicles:

- c. Do you sell or lease any medical equipment or products to patients or others in connection with your operation?
 Yes No
- d. Has the applicant sold, acquired, or discontinued any operations in the past ten (10) years?

If yes please explain: _____

Yes No

- e. Is the applicant considering any changes in operations or products over the next 12 months?

Yes No

If yes please explain: _____

If you need more space for your responses, please attach a separate sheet of paper.

NOTICE: This supplement is attached to and forms a part of the Urgent Care Facility Professional Liability Application and is subject to the same representations and conditions.

Must be signed and dated by a Partner, Principal, Director or Officer as duly authorized on behalf of the Applicant.

Signature of Partner, Principal, Director or Officer

Title

Date

Print Name: _____