

**Application to ARCH INSURANCE COMPANY, Kansas City, MO
for a Minnesota Paid Family and Medical Leave Policy**

APPLICATION IS HEREBY MADE TO ARCH INSURANCE COMPANY FOR A POLICY OF GROUP INSURANCE TO PROVIDE PAID FAMILY & MEDICAL LEAVEL BENEFITS IN ACCORDANCE WITH THE MINNESOTA PAID FAMILY AND MEDICAL LEAVE PROGRAM ("the Act")

1. EMPLOYER : _____ <small>(include DBA if applicable)</small> STREET ADDRESS: _____ CITY _____ STATE _____ ZIP _____	POLICY NUMBER REQUESTED EFFECTIVE DATE
2. CONTACT NAME: _____ CONTACT PHONE _____ CONTACT EMAIL ADDRESS _____	
3. BILLING ADDRESS IF OTHER THAN ABOVE: ADDRESS: _____ CITY _____ STATE _____ ZIP _____	
4. CLAIMS ADDRESS IF OTHER THAN ABOVE: ADDRESS: _____ CITY _____ STATE _____ ZIP _____ CLAIMS CONTACT NAME: _____	
5. NATURE OF BUSINESS _____ SIC CODE _____ TAX ID # _____	
6. CLASSES OF EMPLOYEES TO BE COVERED: _____	

* No class of employee can be excluded based on age, race, sex, national origin or wages paid, which will result in adverse selection

7. WILL EMPLOYEES CONTRIBUTE TO THE COST OF THE INSURANCE? ☐ YES ☐ NO

8. NUMBER OF EMPLOYEES TO BE COVERED: Males _____ **Females:** _____

9. NAME OF BROKER*:** _____ **GENERAL AGENT:** _____
ADDRESS: _____ **ADDRESS:** _____
BROKER #: _____ **GENERAL AGENT #** _____

*** Broker must have a Minnesota broker or life and health license.

10. ADDITIONAL EMPLOYERS TO BE INCLUDED. List below those employers affiliated with policyholder by financial interest or control, whose employees are to be covered under this policy:

NAME	ADDRESS	TAX ID #	#MALE	#FEMALE

Please attach additional sheet if more space needed

ANY PERSON WHO, KNOWINGLY OR WITH INTENT TO DEFRAUD OR TO FACILITATE A FRAUD AGAINST ANY INSURANCE COMPANY OR OTHER PERSON, SUBMITS AN APPLICATION OR FILES A CLAIM FOR INSURANCE CONTAINING FALSE, DECEPTIVE OR MISLEADING INFORMATION MAY BE GUILTY OF INSURANCE FRAUD.

All statements contained in this application for insurance shall be deemed representations and not warranties.

Signature _____	Title _____
Telephone Number _____	Date _____