



NEW BUSINESS APPLICATION

UNION LIABILITY CLAIMS-MADE AND REPORTED POLICY

Important Information and Instructions:

1. All questions must be answered fully and completely. Please type or print clearly in ink. If a question does not apply to the Union, state “Not Applicable” or “N/A.”
2. All information identified in Section E (Requested Attachments) must be submitted with this application.
3. The policy for which application is made is written on a claims-made and reported basis. The coverage afforded by this policy is limited to liability for only those claims first made during the policy period, the automatic reporting period or the extended reporting period (whichever is applicable) resulting from wrongful acts, wrongful offenses or wrongful employment practices and which are subsequently reported to the Insurer within the earlier of: a) ninety (90) days or b) by the end of the policy period, the automatic reporting period or the extended reporting period (whichever is applicable). This is a policy with claims expenses included in the Limits of Liability. Please read the policy carefully.
4. Please submit application and all required attachments to your Producer/Broker.
5. Producer/broker, please submit application and all required attachments to:

New Business Application

A. General Information

1. Name of Union: _____
 EIN Number(s): _____
2. Address of Union: _____
 City: _____ State: _____ Zip: _____
 Telephone: _____ Fax: _____
 Website address (URL) of Union: _____
3. Date from which the Union has continuously operated: _____
4. Producer/Broker: _____
5. Address of Producer/Broker: _____ Telephone No. _____

B. Coverage Request

6. Requested Effective Date: _____
 Month Day Year **Note: The earliest Effective Date we can grant, if the application is approved, is the date the completed application is received at Ullico Casualty Group.**
7. Requested Limits of Liability:

| (X) | Limit Each Claim/Aggregate Per Policy Period |
|-----|--|
| | \$ 100,000 / \$ 100,000 |
| | \$ 250,000 / \$ 250,000 |
| | \$ 500,000 / \$ 500,000 |
| | \$ 1,000,000 / \$ 1,000,000 |
| | \$ 2,000,000 / \$ 2,000,000 |
| | \$ 3,000,000 / \$ 3,000,000 |
| | \$ 4,000,000 / \$ 4,000,000 |
| | \$ 5,000,000 / \$ 5,000,000 |

Requested Self-Insured Retention:

| (X) | Self-Insured Retention Amount | (X) | Self-Insured Retention Amount |
|-----|-------------------------------|-----|-------------------------------|
| | \$ 5,000 | | \$ 150,000 |
| | \$ 10,000 | | \$ 175,000 |
| | \$ 15,000 | | \$ 200,000 |
| | \$ 25,000 | | \$ 250,000 |
| | \$ 50,000 | | \$ 300,000 |
| | \$ 75,000 | | \$ 350,000 |
| | \$ 100,000 | | \$ 400,000 |
| | \$ 125,000 | | \$ 450,000 |

C. Prior Insurance

8. Provide names of union liability insurance carriers (or similar), limits of liability, self-insured retention amount, coverage period, and premium of all D&O, EPL and/or Personal Injury liability insurance policies under which the Union has been insured during each of the past five (5) years:

| Insurance Carrier | Limits of Liability | Self-Insured Retention Amount | Coverage Period From/To | Premium |
|-------------------|---------------------|-------------------------------|-------------------------|---------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

D. Union Information and Management

9. Provide the number of Directors and Officers, Employees and members (if none, please respond "0"):

| Exposures - | Current Year (12 months) | Prior Year |
|---|--------------------------|------------|
| Board Members (D&O's, E-committee, whether paid or not): | | |
| *Full-Time Employees: | | |
| *Part-Time Employees: | | |
| Volunteers: | | |
| Members: | | |
| Total Revenue: | | |
| Net Assets: | | |

*Do not include Directors/Officers even if compensated as they should be included with the Board Member count

10. Provide date of most recent Office of Labor-management Standards (OLMS) Audit: _____

- | | | |
|---|--------------------------|--------------------------|
| 11. Does the Union: | YES | NO |
| a. Publish any magazines, periodicals or newsletters? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Publish a technical manual? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Provide a hiring hall or job referral system? | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Provide legal aid services to its members? | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Promote, sponsor and/or provide any form of insurance to its members (other than negotiated benefits)? | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Offer other miscellaneous professional services to members or others? | <input type="checkbox"/> | <input type="checkbox"/> |

If yes, please provide details (attach additional pages as needed):

NOTE: If you answer YES to questions 12 - 20 below, you must provide a detailed, written narrative and pertinent documentation (attach additional pages as needed).

- | | | |
|---|--------------------------|--------------------------|
| | YES | NO |
| 12. During the most recent OLMS audit, did the Union receive any negative comments or has the Union been given the opportunity of voluntary compliance? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Does the Union anticipate filing a Terminal Report in the next twelve (12) months? | <input type="checkbox"/> | <input type="checkbox"/> |

14. Have any of the following reports been submitted within the past twelve (12) months:
LM-1 (amended), LM-15 (initial), LM-15 (semiannual), LM-15A, LM-16 or LM-30 ?
15. Has any Union officer, director or executive board member missed more than three (3) meetings within the past twelve (12) months?
16. How many employees have been terminated, demoted, or suspended in the past 12 months?
a. Voluntary _____ b. Involuntary _____ c. Laid Off _____ d. Demoted _____
e. Suspended _____
17. Is any reduction of employees or change in status anticipated in the next year?
a. Voluntary _____ b. Involuntary _____ c. Laid Off _____ d. Demoted _____
e. Suspended _____

NOTE: If there have been any terminations, demotions or suspensions in the past 12 months or any planned for the next year provide a detailed and written narrative (attach additional pages as needed).

18. How many officers, directors or executive board members have been terminated within the past twenty-four (24) months?
a. Voluntary _____ b. Involuntary _____
19. Is any reduction of officers, directors, or executive board members anticipated in the next year?
a. Voluntary _____ b. Involuntary _____

NOTE: If there have been any terminations in the past 12 months or any planned for the next year provide a detailed and written narrative (attach additional pages as needed).

- | | YES | NO |
|---|--------------------------|--------------------------|
| 20. Has any application for union liability or similar insurance ever been declined or has any such insurance ever been cancelled or non-renewed? | <input type="checkbox"/> | <input type="checkbox"/> |

NOTE: If you answer YES to questions 21-24 below, you must complete the attached Claims Information form. Attach additional forms if necessary. Questions 21-24 pertain to the past five (5) years.

- | | YES | NO |
|---|--------------------------|--------------------------|
| 21. Has the Union or any proposed Insured Person been involved in any civil or criminal action or litigation? | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. Has the Union or any proposed Insured Person been involved in or have knowledge of any inquiry, investigation, complaint or notice from any State or Federal Regulatory Authority or Congressional or Legislative Committee regarding the activities, procedures or practices of the Union, its members, officers or employees? | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. Has the Union or any proposed Insured Person reported any claims, or given written notice of any facts, circumstances or situations which may reasonably be expected to result in a claim, under the provisions of any prior or current union liability policy or similar insurance? | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. Is any proposed Insured aware of any facts, circumstances or situations which may reasonably be expected to result in a claim under the proposed policy? | <input type="checkbox"/> | <input type="checkbox"/> |

It is agreed that with respect to questions 18-21 above, if such fact, circumstance or situation exists, whether or not disclosed, any claim there from is excluded from this proposed coverage.

- | | YES | NO |
|--|--------------------------|--------------------------|
| 25. Does the Union obtain a second signature on all checks drawn on the Union's bank account(s)? If no, please explain (attach additional pages as needed): _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 26. Does the Union maintain minutes of all membership and executive board meetings for at least five (5) years? If no, please explain (attach additional pages as needed): _____ | <input type="checkbox"/> | <input type="checkbox"/> |

- | | | |
|--|--------------------------|--------------------------|
| 27. Does the Union have its own in-house counsel? | <input type="checkbox"/> | <input type="checkbox"/> |
| 28. Does the Union have a law firm/attorney on a formal retainer? | <input type="checkbox"/> | <input type="checkbox"/> |
| 29. Does the Union have an attorney review all Union publications prior to release? If no, please explain (attach additional pages as needed): _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 30. Does the Union have a formal internal audit committee that regularly reviews the Union's internal control procedures? If no, please explain (attach additional pages as needed): _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 31. Does the Union employ one or more full-time business agents? | <input type="checkbox"/> | <input type="checkbox"/> |
| 32. Does the Union obtain thorough background checks on all prospective employees? | <input type="checkbox"/> | <input type="checkbox"/> |
| 33. Does the Union have a written employee handbook that is distributed to all employees? If yes, are such individuals required to acknowledge receipt of such handbook in writing? | <input type="checkbox"/> | <input type="checkbox"/> |
| 34. Has the Union formally implemented and adopted an anti-sexual harassment policy? | <input type="checkbox"/> | <input type="checkbox"/> |
| 35. Has the Union formally implemented and adopted an anti-discrimination policy with respect to employment practices? | <input type="checkbox"/> | <input type="checkbox"/> |
| 36. Has the Union formally implemented and adopted an anti-discrimination policy with respect to evaluating applicants for membership? | <input type="checkbox"/> | <input type="checkbox"/> |
| 37. Does the Union use an employment application for every potential employee? | <input type="checkbox"/> | <input type="checkbox"/> |
| 38. Does the Union use counsel for employment advice? | <input type="checkbox"/> | <input type="checkbox"/> |
| 39. Do employees have a method to report grievances? | <input type="checkbox"/> | <input type="checkbox"/> |

E. Professional Services Liability (Services provided for or to a Third Party, or services for which a Union receives compensation or remuneration of any kind) (Complete Section E. found in Addendum A only if this coverage is desired)

F. Joint Apprenticeship Training Committee (Complete Section F. found in Addendum A only if this coverage is desired)

G. Cyber Liability – Third Party Liability for Data Loss – Personal Injury Electronic Media Professional Liability arising out of Technical Professional Services (Complete Section G. found in Addendum A only if this coverage is desired)

H. Required Attachments

Provide the following material with respect to the Union:

A copy of the latest CPA audited annual financial statement (including all notes).

A copy of the latest LM-2, LM-3, LM-4 or IRS Form 990 and all completed schedules.

List of Current Board Members (including D&O, E-Committee, etc)

The complete by-laws, if the by-laws deviate from the National or International constitution and by-laws.

Additional information may be requested based on specific applicant characteristics.

FRAUD WARNINGS

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

NOTICE TO KANSAS APPLICANTS: It is unlawful to knowingly commit a "fraudulent insurance act." Which is an act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

NOTICE TO LOUISIANA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony." The absence of such a statement shall not constitute a defense in any prosecution.

NOTICE TO OREGON APPLICANTS: Any person who knowingly and with intent to injure, deceive, defraud any insurer or other person files an application or a claim containing any false, incomplete or misleading information or conceals information concerning any material fact may be guilty of insurance fraud, which is a crime and may subject such person to criminal and civil penalties.

NOTICE TO WASHINGTON APPLICANTS: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

NOTICE TO APPLICANTS IN AR, FL, KY, MN, NJ, OK, AND PA: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and subjects such person to criminal and civil penalties.

NOTICE TO ALL OTHER APPLICANTS: Any person who knowingly and with intent to injure, deceive, defraud any insurer or other person files an application or a claim containing any false, incomplete or misleading information or conceals information concerning any material fact commits insurance fraud, which is a crime and subjects such person to criminal and civil penalties.

The undersigned represents, after inquiry, that to the best of his or her knowledge and belief the statements set forth herein are true, and he or she has not withheld any information which is reasonably likely to influence the judgment of Markel American Insurance Company in considering this application for union liability insurance. The undersigned further represents that if the information supplied by him or her on this application changes between the date of this application and the time when the policy is bound, the undersigned will immediately notify Markel American Insurance Company in writing of such changes and the insurer may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. The signing of this application does not bind the insurer to complete the insurance, but it is agreed that this application and attachments form the basis of the contract should a policy be issued and shall be deemed attached to and form part of a policy. Markel American Insurance Company is hereby authorized to make any investigation and inquiry in connection with this application it deems necessary.

This application must be signed by the President, Secretary-Treasurer or Authorized Representative of the Union.

Authorized Signature: _____ Date: _____

Print Name: _____

Title: _____

Addendum A

E. Professional Services Liability (Complete this section F. only if Professional Services Liability coverage is desired)
(Services provided for or to a Third Party, or services for which a Union receives compensation or remuneration of any kind)

1. Describe the service being offered:

2. Number of individuals providing the service? _____

3. Annual Revenues generated from service(s), if any _____

4. Number of annual recipients of service(s), if any _____

Required Attachments:

- Service Agreement or contract between the Union and the receiver of the contracted services

NOTE: Additional information may be requested upon review.

F. Joint Apprenticeship Training Committee (Complete this section only if Failure to Educate Liability coverage is desired)

1. How many Apprentices/Journeymen/Students attend annually? _____

2. Do the Apprentices/Journeymen/Students have a method to report all grievances? **YES** **NO**

If yes, please describe process:

If no, please explain why not:

3. How many instructors employed by the JATC? _____ **YES** **NO**

How many instructors are contracted? _____

If there are contracted instructors does the Union or Named Insured wish to include them as Insureds ?

G. Cyber Liability – Third Party Liability for Data Loss – Personal Injury Electronic Media Professional Liability arising out of Technical Professional Services (Complete Section H. found in Addendum A only if this coverage is desired)

Third Party Data Liability

1. Has the Union ever had a “data loss”? YES NO

“Data loss” for the purposes of this application meaning any loss of personal electronic data devices, laptops, or breaches of information systems whereby personal, private or proprietary information of individuals might have been exposed to or acquired by individuals or entities not authorized to possess or view that information.

If yes, how many individuals were effected and what kind of measures were taken to remediate the possible exposures arising from this data loss? (attach additional pages as needed)

2. Has the Union ever been sued for damages arising from the loss, improper handling, or compromised security as it relates to the maintenance of personal and private data?

If yes, please provide details on any and all legal actions either reported, in process, or already adjudicated: (attach additional pages as needed)

Personal Injury

3. Does the Union or any of its employees, committees, board of directors or anyone working in any capacity on behalf of the Union provide communication via any form of “electronic media”?

“Electronic media” for the purposes of this application means any form of public, or proprietary communication for which the primary transmission of the communication is delivered in an electronic format. Examples of this form of media include but are not limited to: Websites, Press Releases via internet, List Serves, Blogs, On-line Journals, E-News Letters, Web Forums, etc.

If yes, please provide a complete listing of the methods and if applicable copies, links and or access points of these media: (attach additional pages as needed)

4. Has the Union ever been presented with any form of legal action or complaint related to Libel, Slander, Defamation, Copyright infringement, or improper use of intellectual property of another entity whether in print or electronic media?

If yes, please provide details on any and all legal actions either reported, in process, or already adjudicated: (attach additional pages as needed)

Professional Technical Services

5. Does the Union provide any form of “Professional Technical Service”? YES NO

“Professional Technical Service” for the purposes of this application means:

A service performed :

- a. for another entity other than the Union or their Committees
- b. where neither the service or entity is is not described or cited in the By-Laws
- c. whether the Union does or does not receive compensation or some kind of remuneration, and
- d. is related principally to either technical, electronic commerce, or informational services, whether offered provided in an advisory, administrator, intermediary or representative capacity.

If yes, please provide a listing of the services provided by the Union and for whom they are provided:
(attach additional pages as needed)

6. Has the Union ever been presented with any form of legal action or complaint related to the improper delivery, negligence or mis-handling of any services provided for any other entity or individual?

If yes, please provide details on any and all legal actions either reported, in process, or already adjudicated:
(attach additional pages as needed)

Required Attachments:

- If there is an agreement governing the offering and providing of these services please provide a copy of the signed agreement.

NOTE: Additional information may be requested upon review.

CLAIMS INFORMATION
(Use a separate form for each claim)

Name of Claimant: _____

Date of Alleged Wrongful Act: _____

Date claim was made: _____

Date reported to Professional Liability Insurer: _____

Name of Insurer on Notice: _____

Is Claim Open or Closed (if closed what date)? _____

Allegation (*In a narrative describe the claim, including the alleged wrongful act, the event that led to the claim, and current status*):

1. Claimant's Demand: _____

2. Deductible: _____

3. Total Loss, Including Deductible: _____

4. Legal Fees Charged to Date: _____

5. Legal Fees Paid: _____

What loss prevention measures, if applicable, have been taken to prevent a similar claim from recurring?

