

SOLIDARITY PROTECTION GROUP

a voluntary membership organization operating pursuant to the Liability Risk Retention Act of 1986 and whose principal office is:
4323 Warren Street, NW, Washington, DC 20016-2437

LABOR LIABILITY RENEWAL APPLICATION

The policy, for which this 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 Hudson Insurance Company within the earlier of: A) Ninety (90) days or B) by the end of the policy period, the automatic reporting period (whichever is applicable). This is a policy with claims expenses included in the Limit of Liability. Please read the policy carefully.

I. GENERAL INFORMATION

Name of the Union: _____

Address: _____ Telephone Number: _____

Website Address (URL) of Union: _____ Date the Union was established: _____

Insurance Representative: _____

Address: _____ Telephone Number: _____

Requested Effective Date: _____

Requested Limit of Liability: _____ Requested Retention: _____

Provide the number of Directors and Officers, Employees, and Members:

	Current Year	Prior Year
Directors/Officers (D&O's):	_____	_____
Employees (other than D&O's):	_____	_____
Volunteers:	_____	_____
Members:	_____	_____

Provide the following financial information:

Total Revenue: _____

Net Assets: _____



II. UNDERWRITING QUESTIONS

NOTE: If you answer Yes to questions 1-8 below, you must provide a detailed, written narrative and pertinent documentation.

A. Union Information and Management

1. During the most recent OLMS audit, did the Union receive any negative comments or has the Union been given the opportunity of voluntary compliance? Yes No
2. Do managerial/supervisory personnel receive training in the implementation of policies and procedures contained in the employee handbook? Yes No
3. Does the Union anticipate filing a Terminal Report in the next twelve (12) months? Yes No
4. Has any Union officer, director or executive board member missed more than three (3) meetings within the past twelve (12) months? Yes No
5. Has any Director, Officer or other employee been terminated (with or without cause) within the past twelve (12) months?
If yes, how many? _____ Yes No
6. Has the Union or any proposed Insured Person been involved in any civil or criminal action or litigation? Yes No
7. Has the Union or any proposed Insured Person been involved in or have knowledge of any inquiry, investigation, complain or notice from any State or Federal Authority or Congressional or Legislative Committee regarding activities, procedures or practices of the Union, its members, officers, or employees? Yes No
8. In any proposed Insured aware of any facts, circumstances or situations which may reasonably be expected to result in a claim under the proposed policy? Yes No

III. 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 last LM-2, LM-3, LM-4, or IRS Form 990 and all completed schedules.
- Most recent copies of all materials published by the Union.
- 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.

Please submit application and all required attachments to your insurance representative/broker.
Insurance representative/broker, please submit application and all required attachments to:

Eberts & Harrison, Inc.
1604 Ridgeside Drive, Ste. 203
Mount Airy, MD 21771
Phone: (303) 596-3950 Fax: (301) 596-5543
Christian@Ebertsandharrison.com

IV. SIGNATURE

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 Hudson Insurance Company in considering this application for Labor 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 effective date of the insurance or the when the policy is bound (whichever is later), the undersigned will immediately notify Hudson Insurance Company in writing of such changes and the insurer may withdraw or modify any outstanding quotations based upon such changes. The signing of this application does not does not bind the insurer to complete insurance, but it is agreed that this application and any attachments form the basis of the contract should a policy be issued and shall be deemed attached to and form a part of the policy. Hudson 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 or Secretary-Treasurer of the Union.

Authorized Signature: _____ **Title:** _____

Print Name: _____ **Date:** _____

V. 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 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 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 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 TENNESSEE 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 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.

CLAIMS INFORMATION

A. Provide:

- 1. Name of Claimant: _____
- 2. Date of Alleged Wrongful Act: _____
Date claim was made: _____
- 3. Date reported to Professional Liability Insurer: _____
- 4. Name of Professional Liability Insurer: _____
- 5. Allegation: _____

B. Describe the claim, including the alleged wrongful act, the event that led to the claim, and the current status of the claim:

Claim Fee Information:

Total Loss: \$ _____ Claimant Demand: \$ _____
Legal Fees Charged to Date: \$ _____

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

