

**Ullico Casualty Group
Questionnaire Application**

For Claims-Made and Reported Union Liability Insurance

Important Information and Instructions:

- 1) All questions must be answered fully and completely. Please type or print clearly in ink.
- 2) 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 Ullico Casualty Company 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.
- 3) Please submit application and all required attachments to : **Christian@Ebertsandharrison.com** or

Eberts & Harrison, Inc; 1604 Ridgeside Drive, Suite 203, Mount Airy, MD 21771

Name of Union: _____

Address of Union: _____

Web site address (URL) of Union: _____

Date from which the Union has continuously operated: _____

Insurance Representative/Broker: Eberts & Harrison, Inc

Requested Effective Date: _____ Limit: _____ Retention: _____

Number of Directors & Officers: _____

Number or Employees (excluding officers): _____

Total Revenue: _____

Net Assets: _____

Does the Union promote, sponsor and/or provide any form of insurance to its members (other than negotiated benefits), legal aid services or any other miscellaneous professional services?

Yes No, if so please attach an extra sheet detailing services offered.

Claims History (if the answer to any of the 4 questions below is yes please attach an extra sheet with details):

1) Has the Union or any proposed Insured Person been involved in any civil or criminal action or litigation during the past five (5) years? Yes No

2) In the past five (5) years, 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? Yes No

3) In the past five (5) years, 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? Yes No

4) 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? Yes No

NOTE: IT IS AGREED THAT WITH RESPECT TO QUESTIONS 1-4 ABOVE, IF SUCH FACT, CIRCUMSTANCE OR SITUATION EXISTS, WHETHER OR NOT DISCLOSED, ANY CLAIM ARISING THEREFROM IS EXCLUDED FROM THIS PROPOSED COVERAGE.

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 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 Ulico Casualty 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 Ulico Casualty 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. Ulico Casualty 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: _____ Date: _____

Print Name: _____