



ULLICO ORGANIZED LABOR PROTECTION GROUP, LLC

a voluntary membership organization operating pursuant to the Liability Risk Retention Act of 1986 and whose principal office is: 8403 Colesville Rd, Silver Spring, MD 20910

Markel American Insurance Company
4521 Highwoods Parkway
Glen Allen, VA 23060

RENEWAL 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 G (Required 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:

EBERTS & HARRISON

Union Insurance by Union Agents

Eberts & Harrison, Inc

1604 Ridgeside Drive, Suite 203

Mount Airy, Maryland 21771

Phone: (301) 596-3940

Fax: (301) 596-5543

Christian@ebertsandharrison.com

Renewal 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. Renewal Effective Date: _____
 Month Day Year
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
			\$ 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. Union Information and Management

8. 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**

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

- | 10. 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 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 11 - 18 below, you must provide a detailed, written narrative and pertinent documentation (attach additional pages as needed).

- | | YES | NO |
|---|--------------------------|--------------------------|
| 11. 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"/> |
| 12. Does the Union anticipate filing a Terminal Report in the next twelve (12) months? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. 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 ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Has any Union officer, director or executive board member missed more than three (3) meetings within the past twelve (12) months? | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. 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 _____ | | |
| 16. 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).

17. How many officers, directors or executive board members have been terminated within the past twenty-four (24) months?
 a. Voluntary_____ b. Involuntary_____
18. 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 |
|--|--|--|
| 19. 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"/> |
| 20. 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"/> |
| 21. Does the Union have its own in-house counsel? | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. Does the Union have a law firm/attorney on a formal retainer? | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. 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"/> |
| 24. 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"/> |
| 25. Does the Union employ one or more full-time business agents? | <input type="checkbox"/> | <input type="checkbox"/> |
| 26. Does the Union obtain thorough background checks on all prospective employees? | <input type="checkbox"/> | <input type="checkbox"/> |
| 27. 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"/> | <input type="checkbox"/>
<input type="checkbox"/> |
| 28. Has the Union formally implemented and adopted an anti-sexual harassment policy? | <input type="checkbox"/> | <input type="checkbox"/> |
| 29. Has the Union formally implemented and adopted an anti-discrimination policy with respect to employment practices? | <input type="checkbox"/> | <input type="checkbox"/> |
| 30. Has the Union formally implemented and adopted an anti-discrimination policy with respect to evaluating applicants for membership? | <input type="checkbox"/> | <input type="checkbox"/> |
| 31. Does the Union use an employment application for every potential employee? | <input type="checkbox"/> | <input type="checkbox"/> |
| 32. Does the Union use counsel for employment advice? | <input type="checkbox"/> | <input type="checkbox"/> |
| 33. Do employees have a method to report grievances? | <input type="checkbox"/> | <input type="checkbox"/> |

D. 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 D. found in Addendum A only if this coverage is desired)

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

G. Required Attachments

1. Provide the following material with respect to the Union:

List of Officers electing the optional Individual Labor Leader coverage.

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, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or 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 MAINE 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 may include imprisonment, fines or denial of insurance benefits.

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 NEW YORK APPLICANTS: 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 material 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 shall also be subject to civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

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 TENNESSEE AND 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 may include imprisonment, fines or denial of insurance benefits.

NOTICE TO VERMONT APPLICANTS: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

NOTICE TO APPLICANTS IN AR, FL, KY, MN, NJ, 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 based upon such changes. 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: _____

Email Address: _____

**Ullico Organized Labor Protection Group, LLC is administered by Ullico Casualty Group, Inc., a/k/a Ullico Insurance Agency, Inc. in CA, and Ullico Casualty Agency in NY. CA License #OH86030 and FL (Craig Arneson) License # A008437.

EBERTS & HARRISON

Union Insurance by Union Agents

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