



Individual Labor Leader Coverage Application

Why risk losing your personal assets?

Don't! Complete the attached application and send it back to us. We will have a free, no-obligation quote back to you within a few days.

Send completed applications with the proper signatures back by doing one of the following:

Mail:

United Valley Insurance Agency
Attn: Greg Patton
PO Box 27020
Fresno CA 93729-7020

Fax: 888-329-8842

Email: gregp@unitedvalley.com

If you have any questions about the Individual Labor Leader coverage contact:

Greg Patton
800-549-4242 x 2539
gregp@unitedvalley.com

Office Locations:

Central Coast • Easton • Fresno • Madera • Napa • Redding • San Rafael • Scotts Valley • Selma • Valencia • Visalia
Phone 800-549-4242 • Fax 888-FAX-UVIA • Mailing PO Box 27020, Fresno CA 93729
www.unitedvalleyagency.com • License # 0655225



Union Liability Insurance Application

A. General Information

- 1. Name of Union: _____
- 2. Address of Union: _____

- Telephone & Fax: _____
- 3. Web site address (URL) of union: _____
- 4. Date from which the Union has continuously operated: _____
- 5. Insurance Representative/Broker/Agency: Greg Patton, United Valley Insurance Agency
Address: PO Box 27020, Fresno CA 93729 Telephone #: 800-549-4242 x 2539

B. Coverage Request: *Please Note: The earliest Effective Date we can grant, if the application is approved, is the date the completed, Month Year signed and dated application is received at ULLICO.*

- 6. Requested Effective Date: _____ / _____ / _____
- 7. Requested Limit: _____ Requested Deductible: _____

C. Prior Insurance

8. Provide the following information for all union liability insurance (or similar) policies under which the Union has been insured during each of the past five (5) years:

<i>Carrier</i>	<i>Limit</i>	<i>Deductible</i>	<i>Period</i>	<i>Premium</i>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____



D. Union Information and Management

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

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

10. Provide the following financial information:

Total Revenue:	_____	_____
Net Assets:	_____	_____

11. Provide date of the most recent Office of Labor-Management Standards (OLMS) Audit: _____

12. Does the Union (If yes, please explain attach additional pages as needed):

- | | |
|---|----------|
| a. publish any magazines, periodicals or newsletters? | Yes / No |
| b. publish a technical manual? | Yes / No |
| c. provide a hiring hall or job referral system? | Yes / No |
| d. provide legal aid services to its members? | Yes / No |
| e. promote, sponsor and/or provide any form of insurance to its members (other than negotiated benefits)? | Yes / No |
| f. offer other miscellaneous professional services to members or others? | Yes / No |

NOTE: If you answer YES to questions 13 - 18 below, you must provide a detailed, written narrative and pertinent documentation.

13. During the most recent OLMS audit, did the Union receive any negative comments or has the Union been given the opportunity of voluntary compliance? _____

14. Does the Union anticipate filing a Terminal Report in the next twelve (12) months? _____

15. 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 ? _____

16. Has any Union officer, director or executive board member missed more than three (3) meetings within the past twelve (12) months? _____

17. Has any Director, Officer or other employee been terminated (with or without cause) within the past twenty-four (24) months? If yes, how many? _____

18. Has any application for union liability or similar insurance ever been declined or has any such insurance ever been cancelled or non-renewed? _____



NOTE: If you answer YES to questions 19-22 below, you must complete the attached Claims Information form. Attach additional forms if necessary. Questions 19-22 pertain to the past five (5) years.

- 19. Has the Union or any proposed Insured Person been involved in any civil or criminal action or litigation
Yes / No _____
- 20. 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 _____
- 21. 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 _____
- 22. 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 _____

It is agreed that with respect to questions 19-22 above, if such fact, circumstance or situation exists, whether or not disclosed, any claim there from is excluded from this proposed coverage.

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- 23. 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): _____
 - 24. 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): _____
 - 25. Does the Union have its own in-house counsel? _____
 - 26. Does the Union have a law firm/attorney on a formal retainer? _____
 - 27. Does the Union have an attorney review all Union publications prior to release? If no, please explain (attach additional pages as needed): _____
 - 28. 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): _____
 - 29. Does the Union employ one or more full-time business agents? _____
 - 30. Does the Union obtain thorough background checks on all prospective employees? _____
 - 31. 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? _____
 - 32. Has the Union formally implemented and adopted an anti-sexual harassment policy? _____
 - 33. Has the Union formally implemented and adopted an anti-discrimination policy with respect to employment practices? _____



34. Has the Union formally implemented and adopted an anti-discrimination policy with respect to evaluating applicants for membership? _____

E. Required Attachments (please be sure to include any that apply)

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.

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.

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 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 Hudson 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 Hudson 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. 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: _____

Date: _____

Print Name: _____

Title: _____

**ULLICO Labor Protection Group is administered by ULLICO Casualty Group, Inc., a/k/a Ulico Insurance Group, Inc.; in CA and NY, Ulico Insurance Agency. CA License # 0E16939 and FL (Daniel Aronowitz) License # P003599

