



CHRIS-LEEF GENERAL AGENCY, INC.

P.O. BOX 3747 • SHAWNEE MISSION, KS 66203

(913) 631-1232 • (800) 548-0491 • FAX (913) 631-1128

In California: Chris-Leaf General Insurance Agency/License # OI81028

www.chris-leef.com

APPLICATION FOR UNION LIABILITY INSURANCE

This application is for a claims made and reported Certificate. The limits of liability available to pay for judgments or settlements shall be reduced by amounts incurred for defense costs. If issued, read your Certificate carefully. Please type or complete this application in ink.

I. GENERAL INFORMATION

1. Union: _____

Address: _____

City: _____ State: _____ Zip: _____

Person to contact: _____ Title: _____ Telephone: _____

2. Date from which the Union has continuously operated: _____

3. (a) Number of:	Directors and Officers	Employees	Members
Current			
One Year Ago			

(b) Gross revenues for most recent fiscal year: _____

4. Desired Limits: \$100K \$250K \$500K \$1MM \$2MM \$3MM \$4MM \$5MM

5. Desired Retention: \$2,500 \$5K \$10K \$15K \$25K Other \$ _____

6. Desired Eff. Date: _____

7. Prior Union Liability coverage or similar insurance coverage (if any):

Type of Insurance	Policy Period/ Retro	Insurer	Premium	Limits	Retention
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

8. Other insurance currently in force: Bond: Yes No Workers Comp.: Yes No EPLI: Yes No
General Liability: Yes No Fiduciary Liability: Yes No

9. The Union is: Local State National International Other please specify: _____

10. Please check all Report Forms completed and submitted in the last twelve (12) months:

LM-1 (amended) LM-15 (initial) LM-15 (semiannual) LM-15A LM-16 LM-30

11. Does the Union anticipate filing a Terminal Report in the next twelve (12) months? Yes No

If Yes, please provide details on a separate sheet.

12. Please advise the date of your most recent Office of Labor - Management Standards (OLMS) audit: _____

13. Did the Union receive any negative OLMS audit comments or has the Union been given the opportunity of voluntary compliance? Yes No

If Yes, please provide details on a separate sheet.

II. LOSS HISTORY

If Yes to any of the four following questions, please complete the Claims Addendum located on the last page of the Application. Attach additional sheets if necessary.

- 1. Has the Union or any proposed Insured Person been involved in any civil or criminal action or litigation in the past five years? Yes No
- 2. 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. Has the Union or any proposed Insured Person given written notice under the provisions of any prior or current Union Liability Certificate or similar insurance or endorsement of specific facts or circumstances which might give rise to a Claim being made against any Insured, in the last five years? Yes No
- 4. Have any Loss payments been made on behalf of any Insured under any Union Liability Certificate or similar insurance or endorsement, in the last five years? Yes No

It is agreed that any Claim(s) arising from any facts, circumstances or situations mentioned or should have been mentioned in Questions 1 through 4 above are excluded from coverage.

III. KNOWN CIRCUMSTANCES

IT IS IMPORTANT THAT YOU FILL IN THE BLANK IN THIS PARAGRAPH. No person proposed for coverage is aware of any facts or circumstances which he or she has reason to suppose might give rise to a future Claim that would fall within the scope of the proposed coverage:

None or Except for _____.

It is agreed that any Claim(s) arising from any facts, circumstances or situations mentioned or should have been mentioned in the question immediately above are excluded from coverage.

IV. ACTIVITIES

- | | |
|--|--|
| <p>Yes No</p> <p><input type="checkbox"/> <input type="checkbox"/> The Union publishes magazines, periodicals or newsletters.</p> <p><input type="checkbox"/> <input type="checkbox"/> The Union provides a hiring hall or job referral system.</p> <p><input type="checkbox"/> <input type="checkbox"/> The Union promotes, sponsors and/or provides any form of insurance to its members (other than negotiated benefits).
What type? _____ Insurer _____</p> | <p>Yes No</p> <p><input type="checkbox"/> <input type="checkbox"/> The Union publishes technical manuals.</p> <p><input type="checkbox"/> <input type="checkbox"/> Union provides legal aid service to its members.</p> <p><input type="checkbox"/> <input type="checkbox"/> The Union offers other miscellaneous professional services. Describe _____</p> |
|--|--|

V. OPERATIONS

- | | |
|---|--|
| <p>Yes No</p> <p><input type="checkbox"/> <input type="checkbox"/> The Union employs one or more full-time business agent(s).</p> <p><input type="checkbox"/> <input type="checkbox"/> The Union obtains thorough background checks on all prospective employees.</p> <p><input type="checkbox"/> <input type="checkbox"/> The Union has a written employee handbook which has been distributed to all employees.</p> <p><input type="checkbox"/> <input type="checkbox"/> The Union has a written anti-sexual harassment Policy which has been distributed to all employees.</p> <p><input type="checkbox"/> <input type="checkbox"/> The Union has established a formal internal audit committee.</p> <p><input type="checkbox"/> <input type="checkbox"/> An internal audit committee regularly reviews the</p> | <p>Yes No</p> <p><input type="checkbox"/> <input type="checkbox"/> The Union obtains a second signature on all checks drawn on the Union's (bank) account.</p> <p><input type="checkbox"/> <input type="checkbox"/> The Union maintains minutes of all membership and executive board meetings for at least five years.</p> <p><input type="checkbox"/> <input type="checkbox"/> Has any Union officer, director or executive board member missed more than three board meetings within the last twelve months?</p> <p><input type="checkbox"/> <input type="checkbox"/> The Union has its own in-house counsel.</p> <p><input type="checkbox"/> <input type="checkbox"/> The Union has a law firm/attorney on a formal retainer.</p> <p><input type="checkbox"/> <input type="checkbox"/> The Union has an attorney review all Union</p> |
|---|--|

VI. ADDITIONAL MATERIAL NEEDED

As part of this Application, please attach the following (where applicable):

- ❖ A complete copy of the latest independent auditors report, inclusive of all notes to the financials.
- ❖ A copy of the Union's most recently filed LM-2, LM-3, LM-4 or IRS Form 990 Report.
- ❖ Most recent copies of all materials published by your Union.
- ❖ The complete by-laws, if the by-laws deviate from National or International constitution and by-laws.

Representations:

It is agreed by the applicant and the Insurer that the particulars and statements made in this Application, together with all attachments to this Application, including the Claims Addendum if applicable, and any other materials submitted to the Insurer (all of which attachments and materials shall be deemed attached to the Certificate as if physically attached thereto) shall be the representations of the applicant and the Insureds. It is further agreed by the applicant and the Insurer that this Certificate, if issued, is issued in reliance upon the truth of such representations which are incorporated into and made part of this Certificate. The undersigned authorized officer of the applicant represents that the statements set forth in this Application, including the Claims Addendum if applicable, and its attachments and other materials submitted to the Insurer are true and correct. The Insurer is hereby authorized to make any investigation and inquiry in connection with this Application, including the Claims Addendum if applicable, and any other materials submitted to the Insurer, that the Insurer deems necessary. Signing of this Application does not bind the applicant or the Insurer.

The undersigned further declares that any event taking place prior to the effective date of the insurance applied for which may render inaccurate, untrue, or incomplete any information in this Application (and Claims Addendum if applicable), will immediately be reported in writing to the Insurer and the Insurer may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance.

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

FRAUD WARNING (not applicable in Nebraska, Oregon, Vermont or Virginia): Any person who knowingly and with the 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 purposes of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.

The discovery of any fraud, intentional concealment, or misrepresentation of material fact will result in the immediate termination of the Certificate. Receipt and review of this Application (including Claims Addendum if applicable) does not bind the Insurer to complete the insurance.

Application must be signed by the President or Secretary-Treasurer.

Applicant's Authorized Signature (of President or Secretary-Treasurer)	Title	Date
---	-------	------

PRODUCER INFORMATION

Producer Name	Street Address	Producer Code (if applicable)
---------------	----------------	-------------------------------

City ()	State	Zip Code ()	Producer License #	Florida Register # (if applicable)
Telephone		Facsimile		E-mail

CLAIMS ADDENDUM

A. Describe the Claim, the alleged Wrongful Act and the event that led to the Claim: _____

B. Provide:

1. Name of Claimant: _____
2. Date of Alleged Wrongful Act: _____ Date of Claim: _____
3. Date reported to Professional Liability Insurer: _____
4. Name of Professional Liability Insurer: _____

C. Details of the current status: _____

<u>If Closed:</u>		<u>If Open:</u>	
a. Total Loss, Including Deductible	\$ _____	a. Claimant's Demand	\$ _____
b. Legal Fees Paid	\$ _____	b. Deductible	\$ _____
		c. Legal Fees Charged to Date	\$ _____

D. What loss prevention measures, if applicable, have been taken to prevent a similar Claim from recurring? _____

