



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

Non-Profit Labor and Management Liability Claims-Made 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 Entity, state "Not Applicable" or "N/A."
2. All information identified in Section F (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 D&O wrongful acts, professional wrongful acts, wrongful offenses, third party discrimination or wrongful employment practices and which are subsequently reported to the Insurer one hundred eighty (180) days, by the end of 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:

Ullico Casualty Group, LLC**
8403 Colesville Road
Silver Spring, MD 20910
Phone: (888) 315-3352
Fax: (202) 962-8853

Renewal Business Application

A. General Information

1. Name of Entity: _____

EIN Number(s): _____

2. Address of Entity: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Website address (URL) of Entity: _____

3. Date from which the Entity 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
	\$ 5,000		\$ 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. Entity Information and Management

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

Exposures -	Current Year (12 months)	Prior Year
Board Members (D&O's, E- committee, Trustees, whether paid or not):		
*Full-Time Employees:		
*Part-Time Employees:		
Volunteers:		
Members:		
Total Revenue:		
Net Assets:		
Annual Apprentice/Journeyman/Student count**		
How many instructors are employed?***		
How many instructors are contracted, if any?***		

*Do not include Trustees/Directors/Officers even if compensated as they should be included with the Board Member count
 **Only enter information if applicable

9. Does the Entity:
- | | YES | NO |
|---|--------------------------|--------------------------|
| a. Publish any magazines, periodicals or newsletters? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Provide a hiring hall or job referral system? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Provide legal aid services to its members? | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Promote, sponsor or provide any form of insurance to its members (other than negotiated benefits)? | <input type="checkbox"/> | <input type="checkbox"/> |
| e. 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):

10. 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 _____

11. 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 are planned for the next 12 months, provide a detailed, written narrative (attach additional pages as needed).

12. How many officers, directors, trustees or executive board members have been terminated within the past twenty-four (24) months?
- a. Voluntary _____ b. Involuntary _____

13. Is any reduction of officers, directors, trustees or executive board members anticipated in the next year?

- a. Voluntary_____ b. Involuntary_____

NOTE: If there have been any terminations, demotions or suspensions in the past 12 months or any are planned for the next 12 months, provide a detailed, written narrative (attach additional pages as needed) .

Table with 3 columns: Question, YES, NO. Contains 14-26 questions regarding entity operations, legal counsel, audits, and employee policies.

D. Professional Services Liability (Services provided for or to a Third Party, or services for which an Entity receives compensation or remuneration of any kind) (Complete Section D. found in Addendum A only if this coverage is desired)

E. Additional Insured Information (Complete Addendum B only if this coverage is desired, one form for each additional insured)

F. Required Attachments

Provide the following material with respect to the Entity:

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 or 5500s and all completed schedules.

List of Current Board Members (including D&O, E-Committee, etc)

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.

G. Professional Services Liability (Services provided for or to a Third Party, or services for which an Entity receives compensation or remuneration of any kind) (Complete Section D. found in Addendum A only if this coverage is desired)

H. Additional Insured Information (Complete Addendum B only if this coverage is desired, one form for each additional insured)

I. Required Attachments

Provide the following material with respect to the Entity:

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 or 5500s and all completed schedules.

List of Current Board Members (including D&O, E-Committee, etc)

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 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 DISTRICT OF COLUMBIA AND 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 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 MAINE 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, and denial of insurance benefits.

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 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 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. 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 Authorized Representative of the Entity.

Authorized Signature: _____ Date: _____

Print Name: _____

Title: _____

Email Address: _____

****Ullico Organized Labor Protection Group, LLC is administered by Ullico Casualty Group, LLC, a/k/a Ullico Insurance Agency, LLC in CA. CA License #0E16939 and FL (Craig Arneson) License # A008437.**

Addendum A

D. Professional Services Liability (Complete this section D. only if Professional Services Liability coverage is desired)

(Services provided for or to a Third Party, or services for which an Entity receives compensation or remuneration of any kind)

1. Describe the service being offered:

2. Number of individuals providing the service? _____

3. Annual Revenues generated from service(s), if any _____

4. Number of annual recipients of service(s), if any _____

Required Attachments:

- Service Agreement or contract between the Entity and the receiver of the contracted services

NOTE: Additional information may be requested upon review.

Addendum B
ADDITIONAL INSURED INFORMATION
(Use a separate form for each additional insured)

Name of Additional Insured: _____

Address: _____

Web site address (URL): _____

Date from which the additional Insured has continuously operated: _____

Exposures -	Current Year (12 months)	Prior Year
Board Members (D&O's, E-committee, Trustees, whether paid or not):		
*Full-Time Employees:		
*Part-Time Employees:		
Volunteers:		
Members:		
Total Revenue:		
Net Assets:		

NOTE: If you answer YES to questions 1-4 below, you must complete the attached Claims Information form. Attach additional forms if necessary. Questions 1-4 pertain to the past five (5) years.

- | | | |
|--|--------------------------|--------------------------|
| 1. Has the Entity or any proposed Insured Person been involved in any civil or criminal action or litigation? | YES | NO |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Has the Entity 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 Entity, its members, officers or employees? | YES | NO |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has the Entity 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 entity liability policy or similar insurance? | YES | NO |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| 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 |
| | <input type="checkbox"/> | <input type="checkbox"/> |

It is agreed that with respect to questions 1-4 above, if such fact, circumstance or situation exists, whether or not disclosed, any claim there from is excluded from this proposed coverage.

This Addendum must be signed by the Authorized Representative of the Additional Insured.

Authorized Signature: _____ Date: _____

Print Name: _____

Title: _____

Email Address: _____

CLAIMS INFORMATION
(Use a separate form for each claim)

Name of Claimant: _____

Date of Alleged Wrongful Act: _____

Date claim was made: _____

Date reported to Professional Liability Insurer: _____

Name of Insurer on Notice: _____

Is Claim Open or Closed (if closed what date)? _____

Allegation (In a narrative describe the claim, including the alleged wrongful act, the event that led to the claim, and current status):

1. Claimant's Demand: _____

2. Deductible: _____

3. Total Loss, Including Deductible: _____

4. Legal Fees Charged to Date: _____

5. Legal Fees Paid: _____

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

