



2125 WEST ROSCOE STREET
 CHICAGO, IL 60618
 888.200.4545
 FACSIMILE / 773.549.1970
 INFO@UIGINS.COM

REQUEST FOR NO OBLIGATION QUOTE

COMPLETE THE INFORMATION BELOW AND EITHER FAX/773.549.1970, OR MAIL THIS REQUEST FORM TO THE ADDRESS ABOVE FOR A **FREE, NO OBLIGATION QUOTE** OF YOUR LABOR ORGANIZATION'S BUSINESS INSURANCE.

QUESTIONS? CONTACT US TOLL-FREE AT 888.200.4545

UNION: _____	LOCAL NUMBER: _____
STREET ADDRESS: _____	BUSINESS MANAGER: _____
CITY: _____	PHONE: _____
STATE, ZIP: _____	FAX: _____
POLICY EXPIRATION DATE: _____	CURRENT CARRIER: _____

COMPLETE AND RETURN ONLY THE ABOVE FOR A PERSONAL REVIEW OF YOUR ORGANIZATION'S BUSINESS INSURANCE NEEDS
 THE BUSINESS MANAGER LISTED ABOVE WILL BE CONTACTED WITHIN ONE BUSINESS DAY.

VALUE OF YOUR BUILDING? \$ _____	VALUE OF YOUR CONTENTS? \$ _____
IF BUILDING OWNER, BUILDING'S SQUARE FOOTAGE: _____	IF TENANT, SQUARE FOOTAGE LEASED: _____
IS YOUR BUILDING SPRINKLERED? <input type="checkbox"/> YES <input type="checkbox"/> NO	VALUE OF YOUR COMPUTER EQUIPMENT? \$ _____
BUILDING AGE/YEAR BUILT: _____	NUMBER OF COMPUTER UNITS? _____
CONSTRUCTION OF BUILDING: <input type="checkbox"/> FRAME <input type="checkbox"/> MASONRY <input type="checkbox"/> STEEL <input type="checkbox"/> OTHER:	

LIST ALL VEHICLES OWNED OR LEASED BY THE UNION: (USE ADDITIONAL SHEETS, AS NEEDED)

VEHICLE	YEAR	MAKE	MODEL	CITY WHERE GARAGED	COST NEW
1.	_____	_____	_____	_____	\$ _____
2.	_____	_____	_____	_____	\$ _____
3.	_____	_____	_____	_____	\$ _____
4.	_____	_____	_____	_____	\$ _____

TOTAL ANNUAL PAYROLL OF:	NO. OF EMPLOYEES:
BUSINESS MANAGER, AGENTS, & ORGANIZERS: 8755: \$ _____	F/T: _____ P/T: _____
CLERICAL STAFF: 8810: \$ _____	F/T: _____ P/T: _____
APPRENTICESHIP COORDINATORS, INSTRUCTORS/TEACHERS: 8868: \$ _____	F/T: _____ P/T: _____
ANNUAL LOSS-TIME PAY TO MEMBERS: \$ _____	_____

DOES THE LABOR ORGANIZATION HAVE ANY OF THE FOLLOWING POLICIES:

LOCALS / REGIONAL/DISTRICT COUNCILS:	HEALTH / WELFARE / PENSION / TRAINING FUNDS:
<input type="checkbox"/> UMBRELLA/EXCESS LIABILITY	<input type="checkbox"/> FIDUCIARY LIABILITY
<input type="checkbox"/> UNION LIABILITY	<input type="checkbox"/> ERISA FIDELITY BOND

LOCAL'S ACTIVE MEMBERSHIP: _____ IF APPLICABLE, NO. OF APPRENTICES? _____

LABOR ORGANIZATION SPONSORED SPECIAL EVENTS: _____

LIST LOSSES/CLAIMS WITHIN THE PAST THREE YEARS: _____