



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

REQUEST FOR NO OBLIGATION UNION LIABILITY 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: _____	CONTACT PERSON: _____
STREET ADDRESS: _____	CONTACT TITLE: _____
CITY: _____	PHONE: _____
STATE, ZIP: _____	FAX: _____
POLICY EXPIRATION DATE: _____	CURRENT CARRIER: _____

DESIRED LIMITS: \$500k \$1MM \$2MM \$3MM \$4MM \$5MM

DESIRED RETENTION: \$2,500 \$5K \$10K \$15K \$25K OTHER \$

GROSS REVENUES? \$ _____	DOES UNION ANTICIPATE FILING A TERMINAL REPORT IN THE NEXT TWELVE MONTHS? _____
DATE OF MOST RECENT OLMS AUDIT _____	NUMBER OF CLAIMS IN LAST 5 YEARS _____
ANY NEGATIVE OLMS AUDIT COMMENTS? <input type="checkbox"/> YES <input type="checkbox"/> NO	TOTAL DOLLAR AMOUNT OF PAID CLAIMS _____
NUMBER OF DIRECTORS AND OFFICERS _____	NUMBER OF DIRECTORS AND OFFICERS 1 YR AGO _____
TYPE OF ORGANIZATION <input type="checkbox"/> LOCAL	<input type="checkbox"/> STATE <input type="checkbox"/> REGIONAL <input type="checkbox"/> INTERNATIONAL

PLEASE CHECK BOXES APPLICABLE TO YOUR UNION:

- | | |
|--|--|
| <input type="checkbox"/> PUBLISHES NEWSLETTERS | <input type="checkbox"/> OFFERS JOB PLACEMENT/ JOB REFERRAL |
| <input type="checkbox"/> DISTRIBUTES TECHNICAL MANUALS | <input type="checkbox"/> OFFERS INSURANCE BENEFITS OUTSIDE OF COLL. BARGAINING |
| <input type="checkbox"/> OFFERS LEGAL AID | <input type="checkbox"/> OFFERS OTHER PROFESSIONAL SERVICES |

PLEASE CHECK BOXES APPLICABLE TO YOUR UNION:

- | | |
|---|---|
| <input type="checkbox"/> SECOND SIGNATURES REQUIRED ON ALL CHECKS | <input type="checkbox"/> FORMAL AUDIT COMMITTEE TO REVIEW PROCEDURES |
| <input type="checkbox"/> IN HOUSE LEGAL COUNSEL | <input type="checkbox"/> EMPLOYEE HANDBOOK |
| <input type="checkbox"/> SECOND SIGNATURES REQUIRED ON ALL CHECKS | <input type="checkbox"/> ANTI DISCRIMINATION POLICY IN PLACE |
| <input type="checkbox"/> ONE OR MORE BUSINESS AGENTS EMPLOYED | <input type="checkbox"/> ATTORNEY REVIEWS ALL PUBLICATIONS PRIOR TO RELEASE |
| <input type="checkbox"/> ATTORNEY ON RETAINER | <input type="checkbox"/> PERFORMS BACKGROUND CHECKS ON NEW EMPLOYEES |

DOES THE ORGANIZATION CARRY ANY OF THE FOLLOWING POLICIES:

- | | |
|---|---|
| <input type="checkbox"/> GENERAL LIABILITY | <input type="checkbox"/> ERRORS AND OMISSIONS |
| <input type="checkbox"/> EMPLOYMENT PRACTICES | <input type="checkbox"/> WORKERS COMPENSATION |
| <input type="checkbox"/> DIRECTORS AND OFFICERS | <input type="checkbox"/> ERISA FIDELITY BOND |

* Attach a separate sheet with details of any losses including: Name of claimant, date of alleged wrongful act, date claim was made, name of Professional Liability carrier at the time claim was reported, and a brief description of the claim. Also include a brief description of changes made to prevent or minimize future events from occurring.