



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

REQUEST FOR NO OBLIGATION FIDUCIARY 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

SPONSOR NAME: _____
 STREET ADDRESS: _____ FUND ADMINISTRATOR: _____
 CITY: _____ PHONE: _____
 STATE, ZIP: _____ FAX: _____
 POLICY EXPIRATION DATE: _____ CURRENT CARRIER: _____

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

CURRENT POLICY LIMIT (\$1,000,000/\$2,000,000) \$ _____ CURRENT DEDUCTIBLE: \$ _____
 SINGLE EMPLOYER OR MULTI-EMPLOYER FUND SE ME ANY KNOWN POSSIBLE CLAIMS? YES NO
 NUMBER OF PARTICIPANTS: _____ ANY CURRENT OR PENDING IRS ACTION? YES NO
 YEAR FUND ESTABLISHED: _____ ERISA FIDELITY BOND LIMIT: \$ _____

COVERED PLANS : (USE ADDITIONAL SHEETS, AS NEEDED)

PLAN NAME	ASSET VALUE	ANNUAL CONTRIBUTIONS	#OF PARTICIPANTS	TYPE OF PLAN:		
				DEFINED BENEFIT	DEFINED CONTRIB.	WELFARE BENEFIT PLAN
_____	\$ _____	\$ _____	_____	<input type="checkbox"/> DB	<input type="checkbox"/> DC	<input type="checkbox"/> WB
_____	\$ _____	\$ _____	_____	<input type="checkbox"/> DB	<input type="checkbox"/> DC	<input type="checkbox"/> WB
_____	\$ _____	\$ _____	_____	<input type="checkbox"/> DB	<input type="checkbox"/> DC	<input type="checkbox"/> WB

TOTAL ASSETS TO BE COVERED UNDER THIS POLICY \$ _____ ATTACH FORM 5500/990 & AUDITED FINANCIALS
 TOTAL # OF TRUSTEES/EMPLOYEES AS FIDUCIARIES _____ ATTACH CURRENT LIST OF TRUSTEES
 TOTAL VALUE OF CLAIMS PAID IN LAST 3 YEARS \$ _____ CHECK IF NONE

DOES THE FUND CARRY ANY OF THE FOLLOWING POLICIES:

- | | |
|---|---|
| <input type="checkbox"/> ERISA FIDELITY BOND | <input type="checkbox"/> GENERAL LIABILITY/PROPERTY |
| <input type="checkbox"/> EMPLOYMENT PRACTICES | <input type="checkbox"/> WORKERS COMPENSATION |
| <input type="checkbox"/> OTHER: _____ | <input type="checkbox"/> OTHER: _____ |

LIST ALL OUTSIDE PROFESSIONAL CONSULTANTS, INVESTMENT ADVISORS, AND LEGAL COUNCIL UTILIZED BY THE PLANS:

