

# Union Management liability insurance

Application form (renewal)

**MARKEL**



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Application form (renewal)



This is an application for a claims made and reported policy. Various provisions within the policy will restrict coverage.  
**Please answer all questions.**

If space is insufficient, attach details by addendum.

## General Information

### A. Insured information

Applicant	
Principal address	
Province/State of incorporation	
Website address	

The Applicant has continuously been in business since.

Nature of business.

Products and services.

**B. Operations**

Type of Business Entity (please check (✓) applicable description):

- |  |  |
|--|--|
| <input type="checkbox"/> Corporation                       | <input type="checkbox"/> Limited Partnership/Limited Liability Company |
| <input type="checkbox"/> Not for Profit/Tax exempt company | <input type="checkbox"/> Union/Labour Organization                     |
| <input type="checkbox"/> Partnership/Joint Venture         | <input type="checkbox"/> Other (please specify)                        |

If 'Other'.

Does the Applicant act as a general partner, partnership manager or participate in any joint ventures?  Yes  No

If 'Yes', and coverage is required, please attach a list of these entities and indicate for each the nature of business and percentage ownership held by the Applicant.

Are there any entities owned less than 51% for which coverage is requested?  Yes  No

If 'Yes', and coverage is required, please attach a list of these entities and indicate for each nature of business and percent of ownership held by Applicant.

	Canada	US	Other	Please specify country if other
Number of Locations				
% of Sales	%	%	%	%
% of Assets	%	%	%	%

Has the Applicant at any time over the last three years been in breach of any debt covenants or loan agreements?  Yes  No

If 'Yes', attach details.

Has the Applicant in the past 12 months completed or agreed to, or does it contemplate within the next 12 months, any of the following, whether or not such transactions were or will be completed:

A merger, acquisition, consolidation or tender offer?  Yes  No

Sale, distribution or divestiture of any assets or stock other than in the ordinary course of business in an amount exceeding 25% of the Applicant's consolidated assets?  Yes  No

Any registration for a public offering or private placement of securities, including debt or shares?  Yes  No

Protection under the Companies' Creditors Arrangement Act (CCAA) in Canada or Chapter 11 in the U.S.A., or reorganization or arrangement with creditors under provincial or state law or similar provisions in any other jurisdiction?  Yes  No

Any branch, location, facility, office or subsidiary closings, or layoffs?  Yes  No

Changing auditors?  Yes  No

If 'Yes' to any of the above questions attach details.

Does the Applicant perform any professional services for a fee?  Yes  No

If 'Yes', attach details.

**C. Financial**

Please complete the following information for the current year: or provide the most recent Quarterly and Annual financial statements.

Total Assets

Current Assets

Current Liabilities

Total Debt

Annual Revenue

Net Income

Cash flow from Operations

Name of auditor / accountant

How often is an audit done?

Has the Applicant changed its auditor / accountant in the last five years?  Yes  No

If 'Yes', attach details.

**D. Requested Insurance**

Coverage Type	Limit	Retention	Policy Period	
<input type="checkbox"/> Directors and Officers			to	
<input type="checkbox"/> Employment Practices Liability			to	
<input type="checkbox"/> Fiduciary Liability/Pension Trust Liability			to	

# Union Executive Liability Module

## A. Operations

Applicant type:

International
  National
  Provincial
  Local
  Other

Is the Applicant organization exempt from Federal and Provincial income taxes?  Yes  No

Does the Applicant have activities outside of Canada?  Yes  No

Does the Applicant have any subsidiaries or affiliated organizations or exercise control over any other entity for which coverage is requested? If 'Yes', and coverage is required, attach full details, indicating whether profit or non-profit and the nature of operations for each entity.  Yes  No

When do the Collective Bargaining Agreements negotiated by the Applicant expire?

Does the Applicant or any person(s) proposed for this insurance perform any of the following?

Provide counseling, referral, legal aid, computer or medical services?  Yes  No

Take any disciplinary action or recommend disciplinary action as a result of peer review group activities?  Yes  No

Promote any specific products to Applicant's members which will produce a profit for Applicant?  Yes  No

Publish any magazines, periodicals or newsletters or technical manuals?  Yes  No

Engage in activities such as lobbying or labour negotiations?  Yes  No

Promote, sponsor or provide any form of insurance?  Yes  No

Promote, sponsor or provide any form of insurance?  Yes  No

Engage in any business transactions with businesses which are controlled by any person proposed for coverage?  Yes  No

## B. Financial Information

Fiscal period	MM/YY (last 12)	MM/YY (year prior)	Most recent quarter MM/YY
Total Assets			
Total Liabilities			
Total Revenue from all sources			
Net income			
Restricted funds			

Name of auditor / accountant

How often is an audit done?

Has the Applicant changed its auditor / accountant in the last five years?  Yes  No

If 'Yes', attach details.

Has the Applicant filed an Income Tax return for any of the last five years?  Yes  No

If 'Yes', have the returns been accepted as filed?  Yes  No

Is there or has there been any dispute as to the Applicant's tax exempt status?  Yes  No

If 'Yes', attach details.

Is the Applicant in arrears in its amounts payable to Revenue Canada or the provincial ministries of revenue (including source deductions, GST and PST)?  Yes  No

Is the Applicant currently, or at any time during the past three years, been in breach of any debt covenant, loan agreement, contractual obligation, or does it anticipate such breach within the next twelve months?  Yes  No

Indicate the percentage of funds received from the following sources:

Government funding	\$
Fees for services	\$
Dues from members	\$
Donations / contributions	\$
Other (please specify)	\$

Are Donations solicited?  Yes  No

**C. Corporate Governance**

How frequently does the Board of Directors/Trustees meet?

Are meeting agenda and minutes of the previous meeting sent out at least 10 days prior to each board meeting?  Yes  No

How are the Directors, Officers or Trustees informed of new developments, operations, results, etc. between meetings?  Yes  No

Are any of the Directors, Officers or Trustees or any other person(s) proposed for this insurance or any organization(s) controlled by any of them, indebted to the Applicant?  Yes  No

If 'Yes', attach details.

What is the source of the Board's legal advice?

**D. Prior Directors and Officers Liability Insurance**

Insurer	Limit	Retention	Policy period	Premium	Pending and Prior Litigation date

**E. Additional information required**

Please attach the following as applicable:

- Latest annual financial statements and quarterly interim reports.
- Copy of bylaws, indemnification provisions, trust indenture, charter or constitution.
- Complete list of current directors, trustees, executive officers, stewards.
- Brochures and/or promotional literature descriptive of operations and/or purpose

# Employment Practices Liability Module

## A. Insured information

	Canada	US	Other	Please specify country if other
Number of Full Time Employees – Non Unionized				
Number of Full Time Employees - Unionized				
Number of Part Time Employees – Non Unionized				
Number of Part Time Employees – Unionized				
Number of Contract Employees (the company has assumed liability of)				
Number of Volunteers				

	Texas	California	New York	New Jersey	Michigan	Illinois	Florida
Number of US Employees by state							

Turnover as % of total. 12 Months \$   
24 Months \$

Total percentage of current employees with annual compensation greater than \$100,000.  %

## B. HR Practices

Does the Applicant have an Human Resources Department.  Yes  No

If 'No', does the applicant have other qualified staff members serving equivalent functions.  Yes  No

If 'No' how are Employment Concerns handled and by whom?

Does the Applicant have a written Human Resources Manual in place?  Yes  No





If 'Yes' does the Human Resources Manual address the following Discrimination

Sexual Harassment

Yes  No

A policy on providing accommodations in the workplace?

Yes  No

Progressive Discipline

Yes  No

Performance Management

Yes  No

A standardized severance program for terminations and layoffs?

Yes  No

A formal orientation program for new employees that addresses workplace conduct and grievance procedures?

Yes  No

For all positions:

Written job descriptions?

Yes  No

Regular written performance evaluations?

Yes  No

An application form for employment?

Yes  No

A personnel file?

Yes  No

When was the Human Resources Manual last updated and distributed?

Yes  No

Are employment issues relating to the following handled by:	Human Resource Dept.	Outside Legal Counsel	Legal Dept.
Layoffs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Transfers?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Promotions?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Terminations?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Discrimination?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sexual Harassment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Are job descriptions and contracts updated when promotions occur?

Yes  No

Are any layoffs or terminations of employees anticipated or being contemplated in the next 18 months or has occurred in the past 18 months?

Yes  No

If 'Yes' please answer the following:

What percentage of employees will be affected?

 %

Will Outside Counsel be utilized?

Yes  No

Will severance be offered to all affected employees?

Yes  No

Are procedures in place to assist affected employees find work?

Yes  No

**C. Prior Employment Practices Liability Insurance**

Insurer	Limit	Retention	Policy period	Premium	Pending and Prior Litigation date

**D. Additional information required**

Please attach the following as applicable:

- Copy of Employee handbook

# Fiduciary/Pension Trust Liability Module

## A. Plan Summary

Plan Name	Plan Type	Plan Assets Current Year	Number of plan participants	Country	Year Established

### Types of Plans:

Defined Contribution Plan = DC

Employee Stock Ownership Plan = ESOP

Defined Benefit Plan = DB

Welfare Plan = WP

RRSP/Savings Plan = RRSP/SP

## B. Plan Operations

If any plan for which coverage is requested holds or invests in securities of the Applicant, please provide details, including name of plan, number of shares held and most recent share value.

If no such plan, check (✓) here:

In the past 18 months has the Applicant merged, spun-off, transferred or terminated any employee benefit plan(s) or is any such merger, spin-off, transfer or termination being contemplated in the next 18 months?

Yes  No

If 'Yes', provide details including transaction date, status of asset distribution, whether similar benefits are being offered, and name of insurance carrier if terminated plan benefits are secured by insurance.

Are all plans in compliance with plan agreements or ERISA.

Has any amendment to any plan been made or contemplated within the past two (2) years, or is any amendment now contemplated, which has resulted or might result in any reduction of benefits including, but not limited to an increase in participant’s share of cost?

Yes  No

If ‘Yes’, please attach details.

If there has been any amendment(s), please attach copies.

Do any plan(s) employ outside providers to perform services in the following disciplines?

Yes  No

If ‘Yes’ provide the service provider name.

Investment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/>
Accounting	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/>
Actuarial	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/>
Legal	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/>
Administrative/Books & Record keeper	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/>

Provide details of any reviews completed regarding any administrative, record-keeping, investment management, or advise, commissions or marketing fees charged to or paid by, whether directly or indirectly, any sponsored defined contribution and defined benefit plans.

Is benchmarking performed?

Yes  No

Describe that process.

How frequently are these fees reviewed/benchmarked?

How frequently are investment options reviewed/benchmarked, evaluated for performance?

Describe the process.

**C. Prior Fiduciary/Pension Trust Insurance**

Insurer	Limit	Retention	Policy period	Premium	Pending and Prior Litigation date

**D. Additional information required**

Please attach the following as applicable:

- Audited Financial Statements of the Applicant (Sponsor Organization)
- Audited Financial Statements and Actuarial Report of each funded Plan
- Investment portfolio of each funded Plan

THE UNDERSIGNED HEREBY ACKNOWLEDGES THE TRUTH OF THE STATEMENTS CONTAINED HEREIN.

I AUTHORIZE YOU TO COLLECT, USE AND DISCLOSE PERSONAL INFORMATION AS PERMITTED BY LAW, IN CONNECTION WITH YOUR COMMERCIAL INSURANCE POLICY OR A RENEWAL, EXTENSION OR VARIATION THEREOF, FOR THE PURPOSES NECESSARY TO ASSESS THE RISK, INVESTIGATE AND SETTLE CLAIMS, AND DETECT AND PREVENT FRAUD, SUCH AS CREDIT INFORMATION, AND CLAIMS HISTORY.

For purposes of the Insurance Companies Act (Canada), this document was issued in the course of Lloyd's Underwriters' insurance business in Canada.

MUST BE SIGNED BY THE PRESIDENT, CHAIRMAN OF THE BOARD, CHIEF EXECUTIVE OFFICER OR HUMAN RESOURCES MANAGER.

**(no other signature is acceptable).**

*Signature of Applicant (authorized representative):	Name:
*Title:	Date:

For contact information visit: [www.markel.ca](http://www.markel.ca)