



Administered by:
Lockton Risk Services, Inc.
1-866-871-4996

**LABOR UNION REPRESENTATION
SUPPLEMENTAL APPLICATION**

APPLICANT'S INSTRUCTIONS:

This form is to be completed if the Applicant firm provided a percentage in the main application, Section II, Firm's Practice, Question 1.a., that would require completion of this supplemental application. If space is insufficient to answer any question fully, attach a separate sheet. Answer all questions completely.

APPLICANT FIRM:

1. a. Within the last two (2) years, has any former or current lawyer of the Applicant firm provided any legal services to any local, state or national Labor Union, Trade Union or Craft Union or its members? Yes No

b. If Yes, please advise the following:

i. Name of Union:

ii. Union is: Local State National

iii. Approximate number of current union members:

iv. Starting date: _____ and Final Date: _____ of representation of Union.

v. Services rendered to union:

2. During the past two (2) years, has the Applicant firm, or anyone associated with the firm at any time, performed any of the following? Please check either Yes or No for each question. If Yes to any part of Question 2. below, please attach complete details on a separate sheet.

a. Served as an official, board member, officer, or employee of any union? Yes No

b. Served as a trustee for any union or union chapter that was in trusteeship? Yes No

c. Simultaneously represented a union and either any of the union's officials or members? Yes No

d. Been involved in any way in the handling, administration, investment, lending, or loan approval process relative to any union pension, retirement, benefit, or any other kind of union funds? Yes No

e. Been involved in the negotiation of the terms or conditions of employment of any proposed or executed collective bargaining agreement? Yes No

f. Owned directly or indirectly, in whole or in part, any business or professional entity or firm which provided at any time any kind of good or service to any union or union official? Yes No

g. Provided any kind of service to any union or union chapter that at any time was in any kind of trusteeship or receivership? Yes No

The undersigned understands the information submitted herein becomes a part of the Applicant firm's Professional Liability Insurance Application and is subject to the same warranty and conditions.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act.

Signature of Owner, Officer or Partner

Print or Type Name and Title

Date (month-day-year)

