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# United Insurance Company Limited

## Insurance Designed For Printers

### INSTRUCTIONS

1. Answer all questions (if not applicable, show N/A) and attach all additional information and explanations as required.
2. Application must be dated and signed.
3. PLEASE READ STATEMENT AT END OF APPLICATION CAREFULLY!

### GENERAL INFORMATION (SECTION 1)

- A** Designated Insured \_\_\_\_\_ Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_
- B** Contact Person (Name and Title) \_\_\_\_\_  
 Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ email \_\_\_\_\_
- C**  Sole Proprietor  Corporation  Partnership  Joint Venture  Franchise  Other (Please specify)
- D** Describe nature of business (i.e., general printing, magazine, finishing, etc.): \_\_\_\_\_
- E** How long has the Designated Insured been in business? \_\_\_\_\_ YEARS
- F** How long has the Designated Insured been under current management? \_\_\_\_\_ YEARS
- G** Effective date coverage requested? \_\_\_\_ / \_\_\_\_ / \_\_\_\_
- H** Has the Applicant acquired any companies in the past two (2) years? YES  NO
- I** With respect to acquired companies, were any employees or officers terminated or does the Applicant plan in the next twelve (12) months to terminate any employees or officers? YES  NO  If so, how many? \_\_\_\_\_ (If YES to either I or H above, please provide details on a separate sheet)
- J** Does the applicant anticipate any plant or sales office closings, or layoffs, or consolidations, affecting 20% or more of the employees within the next twelve (12) months? YES  NO  (If YES, please provide details on a separate sheet)
- K** Has the proposed coverage ever been purchased before, whether specifically or as a subsection or addition to another coverage? YES  NO   
 (If YES, please complete the following)

Year	Renewal Date	Carrier	Limit	Deductible	Premium
_____	_____	_____	_____	_____	_____

- L** Has any insurer ever canceled or non-renewed this type of coverage? YES  NO  (If YES, please provide details on separate sheet)
- M** Coverage provided under a Certificate of Insurance issued pursuant to United Insurance Company Limited's Group Policy will apply only to the Designated Insured at the address listed in Question A. In the event of multiple locations and/or other companies owned, associated, or affiliated by or with the Designated Insured, complete the following (use additional sheet, if necessary).

Name	City/State	Number of Employees	Should Location Be Considered For Coverage?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### LOSS HISTORY (SECTION 2)

- A** Furnish loss history for last 5 years for all employment related claims. TOTAL NUMBER OF CLAIMS: \_\_\_\_\_ (Please provide a full description of each claim on a separate sheet)
- B** Does any Director, Officer, Manager, Supervisory Employee or Partner have knowledge of any circumstances, at the date this Application is signed that could reasonably give rise to a claim or any reasonable way to foresee that a claim may be brought? YES  NO  (Please provide a full description of any circumstance on a separate sheet)  
**Examples of a circumstance include:**  
 Making a formal complaint to a supervisory employee of discrimination, harassment or unfair employment practices; threatening to hire an attorney; asking for a severance package in excess of what is being offered; complaining of discrimination, harassment or unfair treatment and threatening to do something about it; or frequent complaining of discrimination, harassment or unfair treatment.
- C** Has the Applicant been involved in any charges, inquiries, investigations, grievances or other hearings before the Equal Employment Opportunity Commission or any other governmental agency? YES  NO  (If YES, please provide details on a separate sheet)

The Applicant acknowledges that any claims or incidents reported in, or that should have been reported in, this Section 2 will be excluded from coverage.

**EMPLOYEES (SECTION 3)**

- A Number of employees: FULL TIME: \_\_\_\_\_ PART TIME: \_\_\_\_\_ TEMPORARY: \_\_\_\_\_
B Salary ranges (including bonuses and commissions) # of full time employees # of part time or temporary employees
\$0 to \$50,000: \_\_\_\_\_
Over \$50,000: \_\_\_\_\_
C Does the Applicant use leased employees? YES NO If so, please advise the number of leased utilized and total billable hours:
Are these employees included in A and B above? YES NO
D In the last 12 months how many hourly employees have left your employ? How many left voluntarily? Terminated?
E In the last 12 months how many officers have left your employ? How many left voluntarily? Terminated?

**HUMAN RESOURCES (SECTION 4)**

- A Does the Applicant have written employment agreements with officers? YES NO With the sales force? YES NO
B Does the Applicant establish at-will employment relationships with all employees without a written employment agreement? YES NO
C Does the Applicant have a Human Resources or Personnel Department? YES NO If NO, who handles this function?
D Does the Applicant publish an employment handbook? YES NO If YES, date of last update
If NO, is applicant willing to do so? YES NO If YES, does the Applicant distribute it to all employees? YES NO
If YES, do employees sign for receipt/acceptance? YES NO If YES, is it reviewed by employment counsel annually? YES NO
E Does the Handbook have a policy on: Handling complaints of discrimination and/or sexual harassment? YES NO
Equal Employment Opportunity? YES NO Employment-at-will status? YES NO Accommodating the disabled as required by
the ADA? YES NO Internet or computer usage on the job? YES NO A general grievance or complaint procedure? YES NO
F Does the Applicant use any tests, including drug tests, to screen applicants for employment or to promote or monitor employees? YES NO
G Does the Applicant require all terminations be reviewed by: the Owner? YES NO the Supervisor? YES NO
the Human Resources Department? YES NO outside counsel? YES NO
H Does the Applicant regularly consult with employment counsel? YES NO

**OTHER MATERIAL FACTS (SECTION 5)**

A Please declare any Material Facts on a separate sheet. NONE SEE ATTACHED
A Material Fact is one likely to influence assessment of risk, the premium charged and the terms and conditions imposed by United Insurance Company Limited's underwriters. If you are in any doubt as to whether a fact would be considered material, you should declare it. (For example, all the information requested in this Application is considered material.) The Applicant warrants after full investigation and inquiry that the statements set forth herein are true and include all material information. The Applicant, on behalf of itself as the Designated Insured and any individuals identified as an Insured in the Group Policy, further warrants that if the information supplied on this Application changes between the date of this Application and the inception date of the Certificate of Insurance under United Insurance Company Limited's Group Policy, it will immediately notify us in writing of such change and we may withdraw or modify any outstanding premium indication and/or authorization or agreement to issue a Certificate of Insurance. The signing of this Application does not bind United Insurance Company Limited to approve coverage nor the Applicant to accept insurance, but it is agreed that this Application shall be the basis of the insurance and will be attached to and made a part of the Certificate of Insurance issued under the Group Policy should this Application be accepted and a Certificate of Insurance be issued.

Name \_\_\_\_\_ Date \_\_\_\_\_
(President or Other Authorized Officer)

Signature \_\_\_\_\_ E-mail \_\_\_\_\_

PLEASE ENSURE THAT ADDITIONAL INFORMATION FOR THE FOLLOWING QUESTIONS IS ATTACHED WHERE APPLICABLE:

Section 1 H & I - Acquired companies. J - Anticipated layoffs, closings or consolidations. L - Canceled/non-renewed coverage.

Section 2 A - Claims history for the last 5 years. B - Circumstances that could foreseeably give rise to a claim.
C - E.E.O.C. or other governmental agency charges, inquiries, investigations, etc.

Section 5 A - Any additional Material Facts.

**EPLI COVERAGE AND DEDUCTIBLE SELECTION OPTIONS**

Limits of Coverage Desired \$25,000 \$100,000 \$250,000 \$500,000
\$50,000 \$200,000 \$300,000 \$1 million \$2 million

Deductible Option Desired \$2,500 \$5,000 \$10,000 \$25,000 \$50,000 \$100,000

Please check one or more of the above. Applicant may request an indication of premium based on a number of Limits/Deductible combinations if desired.

PLEASE FAX ALL APPLICATIONS TO UNITED INSURANCE COMPANY LIMITED AT 441-292-8062.