



**United Insurance Company Limited**

Insurance Designed For Printers

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# Application

## Business interruption insurance resulting from strikes and union organizing defence insurance

WE HEREBY MAKE APPLICATION TO THE UNITED INSURANCE COMPANY LIMITED FOR BUSINESS INTERRUPTION LOSSES RESULTING FROM STRIKES AS DEFINED IN THE GROUP POLICY IN EFFECT ON THE DATE THAT THIS APPLICATION IS SIGNED OR LOSSES FROM DEFENDING AGAINST UNION ORGANIZING AS DEFINED IN THE GROUP POLICY IN EFFECT ON THE DATE THAT THIS APPLICATION IS SIGNED (HEREINAFTER, "THE POLICY COMMENCEMENT DATE"). INSURANCE APPLIED FOR PURSUANT TO THIS APPLICATION SHALL ONLY COVER BUSINESS INTERRUPTION LOSSES BY STRIKES AND/OR LOSSES RESULTING FROM DEFENDING AGAINST A UNION ORGANIZING DRIVE COMMENCING ON OR AFTER THE POLICY COMMENCEMENT DATE.

### 1 NAME OF APPLICANT COMPANY: \_\_\_\_\_

Company Designated (check one):  CLASS I (UNION)  CLASS II (NON-UNION)

Principal Address: Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_ Email: \_\_\_\_\_

### 2 COVERAGE DESIRED (You may request Strike Insurance or Union Organizing Defence Insurance or both):

**Strike Insurance:** Level of Per Diem Indemnity Coverage Desired: (See attached rate tables) US\$ \_\_\_\_\_

**Union Organizing Defence Insurance:** (Complete both (a) and (b):

(a) Level of coverage desired (check one):  US\$25,000  US\$50,000  None

(b) NLRB Coverage:  YES  NO

### 3 WORK PLACES TO WHICH INSURANCE IS TO APPLY (All work places must be listed that are owned or operated by the SAME COMPANY that are (a) located in the same city, town or metropolitan area, or, (b) subject to the same labor contract(s) or to similar labor contracts that were jointly negotiated wherever located. The term SAME COMPANY means the undersigned and any other business entities with whom or which the undersigned is associated or affiliated through ownership or financial control):

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Per Diem Allocation: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Per Diem Allocation: \_\_\_\_\_

### 4 GROSS RECEIPTS OR SALES (Less returns and allowances) derived from products made or services performed at or from the work place(s) listed in Question 3 in the twelve (12) months coinciding with our last completed fiscal year that ended

\_\_\_\_\_, 20 \_\_\_\_\_, were \$ \_\_\_\_\_

**5 OUR COMPANY HAS CONTRACTS WITH THE FOLLOWING LABOR ORGANIZATIONS. IF NONE, STATE "NONE".**

*(Be sure to list contracts that have expired and not renegotiated or renewed):*

Name of Labor Union(s): \_\_\_\_\_  
Term/Dates of Current Contract(s): \_\_\_\_\_  
Dates of Expired Contract(s) \_\_\_\_\_

**6 PREMIUM:**

(a) Strike Insurance (Application for three (3) year total policy period beginning on the policy commencement date):

**Premium for Total Policy Period:** US\$ \_\_\_\_\_ **Premium for Initial Insurance Year:** US\$ \_\_\_\_\_

(b) Union Organizing Defense Insurance (Application for one (1) year total policy period beginning on the policy commencement date):

**Premium for Initial Insurance Year:** US\$ \_\_\_\_\_

On the date this Application is signed, the Applicant desiring Strike Insurance coverage warrants that there is no question of union representation pending at Applicant's workplace(s) to which this insurance is to apply and/or that an obligation to bargain does not exist at the Applicant's workplace(s) to which this insurance is to apply. On the date this Application is signed, the Applicant desiring Union Organizing Defense Insurance warrants that the Applicant has no direct or indirect knowledge that the workplace(s) to which this insurance is to apply is the target of a union organizing drive.

By signing this Application, the Applicant acknowledges having read the Outline of Insurance. The Applicant warrants to the best of its knowledge and belief the statements set forth in this Application are true and correct. Applicant further warrants that if the Applicant becomes aware of any information that could render inaccurate or incomplete or change the information supplied on this Application between the date of this Application and the inception date on the Certificate of Insurance issued under the Group Policy then in effect, the Applicant will immediately notify United Insurance Company Limited of such change.

Applicant acknowledges that signing this Application does not bind United Insurance Company Limited to offer insurance nor is the Applicant required to accept insurance. Applicant agrees that this Application shall be the basis of the insurance and will be attached to and made part of the Group Policy then in effect and the Certificate of Insurance issued thereunder should this Application be accepted and a Certificate of Insurance be issued.

Applicant agrees United Insurance Company Limited may refuse to insure or may immediately cancel any Certificate of Insurance issued pursuant to this Application if the Applicant knowingly submits this Application containing false or misleading information or has concealed, for the purpose of misleading, any information United Insurance Company Limited would consider material to its decision to accept this Application or to issue a Certificate of Insurance pursuant to the Group Policy in effect.

Applicant agrees to complete the Insurance Renewal Information Return to supplement this Application for each of the remaining Insurance years for which the Applicant has applied for insurance coverage. Each Insurance Renewal Information Return shall be accompanied by a check for the premium payable for the extension of the insurance through the next Insurance Year and Applicant understands that both must be received by United Insurance Company Limited not later than thirty (30) days prior to the beginning of said Insurance Year.

Name *(President or Other Authorized Officer)*: \_\_\_\_\_ Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

**WHEN YOU HAVE COMPLETED THIS APPLICATION PLEASE FORWARD IT WITH YOUR CHECK TO:**

United Insurance Company Limited,  
P.O. Box HM 2087, Hamilton HM HX,  
Bermuda



**United Insurance Company Limited**

Insurance Designed For Printers

www.uic-bermuda.bm

**United Insurance Company Limited**

Butterfield Bank Building, 6th Floor, 65 Front Street

P.O. Box HM 2087, Hamilton HM HX, Bermuda

Tel: 800-825-1527 . Fax: 441-292-8062

**GROUP POLICY**

The description of United's Strike Insurance and Union Organizing Defense Insurance in this brochure is designed to provide a general understanding of the available coverages, and is not intended to substitute for the terms and conditions of the group policies. Please read the group policies for scope and conditions of coverage.

**CLASS I (UNION) - 25 DAY COVERAGE  
PREMIUM RATE TABLE**

GROSS SALES	MINIUM INDEMNITY	TOTAL INDEMNITY	ANNUAL PREMIUM	GROSS SALES	MINIMUM INDEMNITY	TOTAL INDEMNITY	ANNUAL PREMIUM
\$5,000,000	\$6,500	\$162,500	\$13,254	\$18,500,000	\$24,050	\$601,250	\$49,039
\$5,500,000	\$7,150	\$178,750	\$14,579	\$19,000,000	\$24,700	\$617,500	\$50,365
\$6,000,000	\$7,800	\$195,000	\$15,905	\$19,500,000	\$25,350	\$633,750	\$51,690
\$6,500,000	\$8,450	\$211,250	\$17,230	\$20,000,000	\$26,000	\$650,000	\$53,015
\$7,000,000	\$9,100	\$227,500	\$18,555	\$20,500,000	\$26,650	\$666,250	\$54,341
\$7,500,000	\$9,750	\$243,750	\$19,881	\$21,000,000	\$27,300	\$682,500	\$55,666
\$8,000,000	\$10,400	\$260,000	\$21,206	\$21,500,000	\$27,950	\$698,750	\$56,991
\$8,500,000	\$11,050	\$276,250	\$22,532	\$22,000,000	\$28,600	\$715,000	\$58,317
\$9,000,000	\$11,700	\$292,500	\$23,857	\$22,500,000	\$29,250	\$731,250	\$59,642
\$9,500,000	\$12,350	\$308,750	\$25,182	\$23,000,000	\$29,900	\$747,500	\$60,968
\$10,000,000	\$13,000	\$325,000	\$26,507	\$23,500,000	\$30,550	\$763,750	\$62,293
\$10,500,000	\$13,650	\$341,250	\$27,833	\$24,000,000	\$31,200	\$780,000	\$63,618
\$11,000,000	\$14,300	\$357,500	\$29,159	\$24,500,000	\$31,850	\$796,250	\$64,943
\$11,500,000	\$14,950	\$373,750	\$30,484	\$25,000,000	\$32,500	\$812,500	\$66,269
\$12,000,000	\$15,600	\$390,000	\$31,809	\$25,500,000	\$33,150	\$828,750	\$67,595
\$12,500,000	\$16,250	\$406,250	\$33,134	\$26,000,000	\$33,800	\$845,000	\$68,920
\$13,000,000	\$16,900	\$422,500	\$34,460	\$26,500,000	\$34,450	\$861,250	\$70,245
\$13,500,000	\$17,550	\$438,750	\$35,786	\$27,000,000	\$35,100	\$877,500	\$71,570
\$14,000,000	\$18,200	\$455,000	\$37,111	\$27,500,000	\$35,750	\$893,750	\$72,896
\$14,500,000	\$18,850	\$471,250	\$38,436	\$28,000,000	\$36,400	\$910,000	\$74,222
\$15,000,000	\$19,500	\$487,500	\$39,761	\$28,500,000	\$37,050	\$926,250	\$75,547
\$15,500,000	\$20,150	\$503,750	\$41,087	\$29,000,000	\$37,700	\$942,500	\$76,872
\$16,000,000	\$20,800	\$520,000	\$42,412	\$29,500,000	\$38,350	\$958,750	\$78,197
\$16,500,000	\$21,450	\$536,250	\$43,738	\$30,000,000	\$39,000	\$975,000	\$79,523
\$17,000,000	\$22,100	\$552,500	\$45,063	\$30,500,000	\$39,650	\$991,250	\$80,848
\$17,500,000	\$22,750	\$568,750	\$46,388	\$31,000,000	\$40,000	\$1,000,000	\$81,562
\$18,000,000	\$23,400	\$585,000	\$47,714	(AND OVER)			

25 DAY INSURANCE may not be ordered in an amount less than the suggested Per Diem indemnity for your Sales Volume.

**CLASS I (UNION) - 50 DAY COVERAGE  
PREMIUM RATE TABLE**

GROSS SALES	MINIUM INDEMNITY	TOTAL INDEMNITY	ANNUAL PREMIUM	GROSS SALES	MINIMUM INDEMNITY	TOTAL INDEMNITY	ANNUAL PREMIUM
\$80,000	\$100	\$5,000	\$265	\$2,750,000	\$3,575	\$178,750	\$9,463
\$100,000	\$130	\$6,500	\$344	\$3,000,000	\$3,900	\$195,000	\$10,323
\$125,000	\$163	\$8,150	\$431	\$3,500,000	\$4,550	\$227,500	\$12,044
\$150,000	\$195	\$9,750	\$516	\$4,000,000	\$5,200	\$260,000	\$13,764
\$175,000	\$228	\$11,400	\$604	\$4,500,000	\$5,850	\$292,500	\$15,485
\$200,000	\$260	\$13,000	\$689	\$5,000,000	\$6,500	\$325,000	\$17,205
\$225,000	\$293	\$14,650	\$776	\$5,500,000	\$7,150	\$357,500	\$18,926
\$250,000	\$325	\$16,250	\$860	\$6,000,000	\$7,800	\$390,000	\$20,646
\$300,000	\$390	\$19,500	\$1,032	\$6,500,000	\$8,450	\$422,500	\$22,367
\$350,000	\$455	\$22,750	\$1,205	\$7,000,000	\$9,100	\$455,000	\$24,088
\$400,000	\$520	\$26,000	\$1,376	\$7,500,000	\$9,750	\$487,500	\$25,831
\$450,000	\$585	\$29,250	\$1,549	\$8,000,000	\$10,400	\$520,000	\$27,529
\$500,000	\$650	\$32,500	\$1,721	\$8,500,000	\$11,050	\$552,500	\$29,249
\$600,000	\$780	\$39,000	\$2,065	\$9,000,000	\$11,700	\$585,000	\$30,970
\$700,000	\$910	\$45,500	\$2,409	\$9,500,000	\$12,350	\$617,500	\$32,690
\$800,000	\$1,040	\$52,000	\$2,753	\$10,000,000	\$13,000	\$650,000	\$34,411
\$900,000	\$1,170	\$58,500	\$3,097	\$10,500,000	\$13,650	\$682,500	\$36,131
\$1,000,000	\$1,300	\$65,000	\$3,441	\$11,000,000	\$14,300	\$715,000	\$37,852
\$1,100,000	\$1,430	\$71,500	\$3,785	\$11,500,000	\$14,950	\$747,500	\$39,572
\$1,200,000	\$1,560	\$78,000	\$4,130	\$12,000,000	\$15,600	\$780,000	\$41,293
\$1,300,000	\$1,690	\$84,500	\$4,474	\$12,500,000	\$16,250	\$812,500	\$43,013
\$1,400,000	\$1,820	\$91,000	\$4,817	\$13,000,000	\$16,900	\$845,000	\$44,734
\$1,500,000	\$1,950	\$97,500	\$5,162	\$13,500,000	\$17,550	\$877,500	\$46,454
\$1,750,000	\$2,275	\$113,750	\$6,022	\$14,000,000	\$18,200	\$910,000	\$48,175
\$2,000,000	\$2,600	\$130,000	\$6,882	\$14,500,000	\$18,850	\$942,500	\$49,895
\$2,250,000	\$2,925	\$146,250	\$7,742	\$15,000,000	\$19,500	\$975,000	\$51,616
\$2,500,000	\$3,250	\$162,500	\$8,603	\$15,500,000	\$20,000	\$1,000,000	\$52,940
				(AND OVER)			

50 DAY INSURANCE may not be ordered in an amount less than 1/3 of the suggested Per Diem for your Sales Volume or \$100 whichever the greater.

**UNITED INSURANCE COMPANY  
LIMITED UNION ORGANIZING  
DEFENSE INSURANCE  
CLASS I (UNION) - CLASS II  
(NON-UNION) COMPANIES**

**PREMIUM RATE TABLE**

	Regular Premium	Strike Insurance Certificate Holder
<b>Base Plan:</b> \$25,000 no NLRB coverage	\$1,172	NO COST
<b>Base Plan:</b> \$25,000 with NLRB coverage	\$2,109	\$937
<b>Extended Plan:</b> \$50,000 no NLRB coverage	\$1,641	\$469
<b>Extended Plan:</b> \$50,000 with NLRB coverage	\$3,046	\$1,874

## CLASS II (NON-UNION) - 25 DAY COVERAGE PREMIUM RATE TABLE

GROSS SALES	MINIUM INDEMNITY	TOTAL INDEMNITY	ANNUAL PREMIUM	GROSS SALES	MINIMUM INDEMNITY	TOTAL INDEMNITY	ANNUAL PREMIUM
\$5,000,000	\$6,500	\$162,500	\$3,304	\$18,500,000	\$24,050	\$601,250	\$12,224
\$5,500,000	\$7,150	\$178,750	\$3,364	\$19,000,000	\$24,700	\$617,500	\$12,554
\$6,000,000	\$7,800	\$195,000	\$3,965	\$19,500,000	\$25,350	\$633,750	\$12,884
\$6,500,000	\$8,450	\$211,250	\$4,295	\$20,000,000	\$26,000	\$650,000	\$13,215
\$7,000,000	\$9,100	\$227,500	\$4,625	\$20,500,000	\$26,650	\$666,250	\$13,545
\$7,500,000	\$9,750	\$243,750	\$4,955	\$21,000,000	\$27,300	\$682,500	\$13,876
\$8,000,000	\$10,400	\$260,000	\$5,286	\$21,500,000	\$27,950	\$698,750	\$14,206
\$8,500,000	\$11,050	\$276,250	\$5,616	\$22,000,000	\$28,600	\$715,000	\$14,537
\$9,000,000	\$11,700	\$292,500	\$5,947	\$22,500,000	\$29,250	\$731,250	\$14,867
\$9,500,000	\$12,350	\$308,750	\$6,277	\$23,000,000	\$29,900	\$747,500	\$15,197
\$10,000,000	\$13,000	\$325,000	\$6,608	\$23,500,000	\$30,550	\$763,750	\$15,527
\$10,500,000	\$13,650	\$341,250	\$6,938	\$24,000,000	\$31,200	\$780,000	\$15,858
\$11,000,000	\$14,300	\$357,500	\$7,268	\$24,500,000	\$31,850	\$796,250	\$16,188
\$11,500,000	\$14,950	\$373,750	\$7,598	\$25,000,000	\$32,500	\$812,500	\$16,519
\$12,000,000	\$15,600	\$390,000	\$7,929	\$25,500,000	\$33,150	\$828,750	\$16,849
\$12,500,000	\$16,250	\$406,250	\$8,259	\$26,000,000	\$33,800	\$845,000	\$17,180
\$13,000,000	\$16,900	\$422,500	\$8,590	\$26,500,000	\$34,450	\$861,250	\$17,510
\$13,500,000	\$17,550	\$438,750	\$8,920	\$27,000,000	\$35,100	\$877,500	\$17,840
\$14,000,000	\$18,200	\$455,000	\$9,251	\$27,500,000	\$35,750	\$893,750	\$18,170
\$14,500,000	\$18,850	\$471,250	\$9,581	\$28,000,000	\$36,400	\$910,000	\$18,501
\$15,000,000	\$19,500	\$487,500	\$9,911	\$28,500,000	\$37,050	\$926,250	\$18,831
\$15,500,000	\$20,150	\$503,750	\$10,241	\$29,000,000	\$37,700	\$942,500	\$19,162
\$16,000,000	\$20,800	\$520,000	\$10,572	\$29,500,000	\$38,350	\$958,750	\$19,492
\$16,500,000	\$21,450	\$536,250	\$10,902	\$30,000,000	\$39,000	\$975,000	\$19,823
\$17,000,000	\$22,100	\$552,500	\$11,233	\$30,500,000	\$39,650	\$991,250	\$20,153
\$17,500,000	\$22,750	\$568,750	\$11,563	\$31,000,000	\$40,000	\$1,000,000	\$20,331
\$18,000,000	\$23,400	\$585,000	\$11,894	(AND OVER)			

25 DAY INSURANCE may not be ordered in an amount less than the suggested Per Diem indemnity for your Sales Volume.

## CLASS II (NON-UNION) - 50 DAY COVERAGE PREMIUM RATE TABLE

GROSS SALES	MINIUM INDEMNITY	TOTAL INDEMNITY	ANNUAL PREMIUM	GROSS SALES	MINIMUM INDEMNITY	TOTAL INDEMNITY	ANNUAL PREMIUM
\$80,000	\$100	\$5,000	\$59	\$2,750,000	\$3,575	\$178,750	\$2,095
\$100,000	\$130	\$6,500	\$77	\$3,000,000	\$3,900	\$195,000	\$2,285
\$125,000	\$163	\$8,150	\$95	\$3,500,000	\$4,550	\$227,500	\$2,666
\$150,000	\$195	\$9,750	\$114	\$4,000,000	\$5,200	\$260,000	\$3,047
\$175,000	\$228	\$11,400	\$133	\$4,500,000	\$5,850	\$292,500	\$3,428
\$200,000	\$260	\$13,000	\$152	\$5,000,000	\$6,500	\$325,000	\$3,809
\$225,000	\$293	\$14,650	\$171	\$5,500,000	\$7,150	\$357,500	\$4,190
\$250,000	\$325	\$16,250	\$191	\$6,000,000	\$7,800	\$390,000	\$4,571
\$300,000	\$390	\$19,500	\$229	\$6,500,000	\$8,450	\$422,500	\$4,952
\$350,000	\$455	\$22,750	\$267	\$7,000,000	\$9,100	\$455,000	\$5,333
\$400,000	\$520	\$26,000	\$305	\$7,500,000	\$9,750	\$487,500	\$5,714
\$450,000	\$585	\$29,250	\$343	\$8,000,000	\$10,400	\$520,000	\$6,095
\$500,000	\$650	\$32,500	\$381	\$8,500,000	\$11,050	\$552,500	\$6,476
\$600,000	\$780	\$39,000	\$457	\$9,000,000	\$11,700	\$585,000	\$6,857
\$700,000	\$910	\$45,500	\$533	\$9,500,000	\$12,350	\$617,500	\$7,237
\$800,000	\$1,040	\$52,000	\$610	\$10,000,000	\$13,000	\$650,000	\$7,618
\$900,000	\$1,170	\$58,500	\$686	\$10,500,000	\$13,650	\$682,500	\$7,999
\$1,000,000	\$1,300	\$65,000	\$762	\$11,000,000	\$14,300	\$715,000	\$8,380
\$1,100,000	\$1,430	\$71,500	\$838	\$11,500,000	\$14,950	\$747,500	\$8,761
\$1,200,000	\$1,560	\$78,000	\$914	\$12,000,000	\$15,600	\$780,000	\$9,142
\$1,300,000	\$1,690	\$84,500	\$990	\$12,500,000	\$16,250	\$812,500	\$9,523
\$1,400,000	\$1,820	\$91,000	\$1,067	\$13,000,000	\$16,900	\$845,000	\$9,904
\$1,500,000	\$1,950	\$97,500	\$1,143	\$13,500,000	\$17,550	\$877,500	\$10,284
\$1,750,000	\$2,275	\$113,750	\$1,334	\$14,000,000	\$18,200	\$910,000	\$10,665
\$2,000,000	\$2,600	\$130,000	\$1,523	\$14,500,000	\$18,850	\$942,500	\$11,046
\$2,250,000	\$2,925	\$146,250	\$1,714	\$15,000,000	\$19,500	\$975,000	\$11,427
\$2,500,000	\$3,250	\$162,500	\$1,904	\$15,500,000	\$20,000	\$1,000,000	\$11,720
				(AND OVER)			

50 DAY INSURANCE may not be ordered in an amount less than \$100 Per Diem indemnity.

**UNITED INSURANCE COMPANY  
LIMITED UNION ORGANIZING  
DEFENSE INSURANCE  
CLASS I (UNION) - CLASS II  
(NON-UNION) COMPANIES**

### PREMIUM RATE TABLE

	Regular Premium	Strike Insurance Certificate Holder
<b>Base Plan:</b> \$25,000 no NLRB coverage	\$1,172	NO COST
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