

MINNESOTA JOINT UNDERWRITING ASSOCIATION  
445 MINNESOTA STREET SUITE 514  
ST. PAUL, MN 55101  
(651) 222-0484 or 1-800-552-0013  
Fax: (651) 222-7824

COMMERCIAL  
GENERAL LIABILITY INSURANCE  
APPLICATION FOR CLAIMS MADE INSURANCE

APPLICANT INFORMATION

1. Proposed insured: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

Agent Name: \_\_\_\_\_

Agent Phone: (\_\_\_\_\_) \_\_\_\_\_

2. The Proposed Named Insured is:

\_\_\_\_ Individual    \_\_\_\_ Partnership    \_\_\_\_ Other

\_\_\_\_ Joint Venture    \_\_\_\_ Corporation    \_\_\_\_\_

3. Proposed: Effective date \_\_\_\_\_ Ending date \_\_\_\_\_

Limit per occurrence \_\_\_\_\_ Aggregate limit \_\_\_\_\_

4. Locations:

A. \_\_\_\_\_

B. \_\_\_\_\_

C. \_\_\_\_\_

D. \_\_\_\_\_

5. Years in Business: \_\_\_\_\_  
Number of full time staff: \_\_\_\_\_ Part time \_\_\_\_\_  
Nature of Business, including gross sales, total payroll, number of units sold, number of clients, etc. (Attach most recent financial statement and other supporting documents. Be as detailed as possible.)

GENERAL INFORMATION (Explain all "Yes" responses.)

6. Is the applicant a subsidiary of another entity or does the applicant have any subsidiaries?  
\_\_\_\_ No \_\_\_\_ Yes
7. Is a formal safety program in place? \_\_\_\_ No \_\_\_\_ Yes
8. Any exposure to flammables, explosives, chemicals? \_\_\_\_ No \_\_\_\_ Yes
9. Any catastrophe exposure? \_\_\_\_ No \_\_\_\_ Yes
10. Any medical facilities provided or doctors employed/contracted? \_\_\_\_ No \_\_\_\_ Yes
11. Any exposure to radioactive materials? \_\_\_\_ No \_\_\_\_ Yes
12. Do operations involve storing, treating, discharging, applying, disposing, or transporting hazardous materials? \_\_\_\_ No \_\_\_\_ Yes
13. Any operations sold, acquired, or discontinued in last 5 years? \_\_\_\_ No \_\_\_\_ Yes
14. Machinery or equipment loaned or rented to others? \_\_\_\_ No \_\_\_\_ Yes
15. Any watercraft, docks, floats owned, hired, or leased? \_\_\_\_ No \_\_\_\_ Yes
16. Any parking facilities owned/rented? \_\_\_\_ No \_\_\_\_ Yes
17. Recreation facilities provided? \_\_\_\_ No \_\_\_\_ Yes
18. Is there a swimming pool on the premises? \_\_\_\_ No \_\_\_\_ Yes
19. Sporting or social events sponsored? \_\_\_\_ No \_\_\_\_ Yes

CONTRACTORS

20. Does applicant draw plans, designs, or specifications? \_\_\_\_ No \_\_\_\_ Yes
21. Do any operations include blasting or utilize or store explosive material? \_\_\_\_ No \_\_\_\_ Yes

22. Do any operations include excavation, tunneling, underground work or earth moving?  
 \_\_\_ No \_\_\_ Yes
23. Do your subcontractors carry coverage or limits less than yours? \_\_\_ No \_\_\_ Yes
24. Are certificates of insurance required from subcontractors? \_\_\_ No \_\_\_ Yes
25. Does applicant lease equipment to others with or without operators? \_\_\_ No \_\_\_ Yes

PRIOR CARRIER INFORMATION (Attach copy of most recent policy and application)

Year	Carrier	Policy Number	Limits BI/PD	Annual Premium
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

LOSS AND CLAIM HISTORY (Attach further sheets if needed.)

Enter all losses and claims for the prior 5 years. If aggregates are provided, please indicate the number of claims and explain all claims exceeding \$5,000.

Date of loss: \_\_\_\_\_ Type of loss: \_\_\_\_\_

Amount paid: \_\_\_\_\_ Reserve: \_\_\_\_\_

Description: \_\_\_\_\_

Date of loss: \_\_\_\_\_ Type of loss: \_\_\_\_\_

Amount paid: \_\_\_\_\_ Reserve: \_\_\_\_\_

Description: \_\_\_\_\_

ALL APPLICANTS MUST ANSWER THE FOLLOWING QUESTIONS.  
("Yes" answers do not require explanation.)

Does the applicant understand that the insurance being applied for does not cover and will not indemnify the applicant for any liability or loss arising from the emission of any hazardous material or pollutant to the environment, including any responsibility to clean up any release; and does not cover and will not indemnify the applicant for liability or loss arising out of work or operations performed by the applicant or on the applicant's behalf, including materials, parts, or equipment furnished in connection with such work or operations.

No  Yes

I, the undersigned, certify and attest that I have been unable to obtain through ordinary methods, the insurance I am applying for with this application and the information contained in this application is true and complete.

No  Yes

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

As a part of your application you are required to submit one refusal of coverage from a standard insurance carrier.