

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

Application for Claims Made Coverage
Directors and Officers Liability Insurance and Organization Reimbursement

1. Name of Organization: _____
2. Address: _____
- _____
Phone: _____ Fax: _____
Agent: _____ Agent Phone: _____
Agent Address: _____
3. Function of organization: _____
- _____
4. Date first organized: _____
5. Is the organization affiliated in any way with any company operating for profit? _____
If yes, identify and describe nature of affiliation.
- _____
- _____
6. Within the last five years, has the organization been the subject of any investigation, complaint, or civil or criminal penalty by or from any State or Federal regulatory or law enforcement agency? _____ If yes, fully describe on separate pages.
7. Federal income tax status: _____ -
8. Funding and Budget:
A. Indicate the organization's sources of funds, as percentages of total funds, during the current year:
_____% FEDERAL _____% DUES _____% STATE
_____% FEES _____% CITY/COUNTY
_____% CONTRIBUTIONS _____% OTHER

B. For the previous and current years, indicate the organization's total budget and funds allocated to administration, services and fund-raising:

	Current Year	Previous Year
Total Budget	_____	_____
Administration	_____	_____
Services	_____	_____
Fundraising	_____	_____

9. Itemize and fully describe the circumstances surrounding, and the outcome of, any claim made during the last five years against any director, officer, or employee (including volunteer employees), which would come within the scope of the insurance now being applied for. Attach additional pages if necessary. Attach additional pages if necessary.

Date of Loss: _____ Type of Loss: _____
 Amount Paid: _____ Reserve: _____
 Description: _____
 - _____
 - _____

Date of Loss: _____ Type of Loss: _____
 Amount Paid: _____ Reserve: _____
 Description: _____
 - _____
 - _____

10. Does any director, officer or employee have any knowledge of any negligent act, error or omission that could reasonably be expected to give rise to a claim against him, her or the organization. _____
 If yes, fully describe. Attach additional pages if necessary.

- _____
 - _____
 - _____

11. PRIOR CARRIER INFORMATION (Attach copy of most recent directors and officers policy and application.)

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

12. Limits of liability sought: _____

13. It is understood that the coverage provided the organization or entity applies only to its obligation to indemnify directors and officers, and no coverage is provided for suits brought directly against the organization or entity. _____ Yes _____ No

14. Does the organization:

- A. Render any professional, medical, counseling or guidance services? Yes No
If yes, indicate nature: _____

- B. Solicit advertising? Yes No
- C. Establish a suggested fee for services or products supplied by its members? Yes No
- D. Maintain a "peer review" over services or products or its members? Yes No
- E. Allocate or award funds to other agencies or organizations? Yes No
- F. Administer or endorse a profit or savings plan for members? Yes No
- G. Promote or endorse any group insurance plans? Yes No

TO THIS APPLICATION MUST BE ATTACHED THE FOLLOWING:

1. Complete list of all officers and directors
2. Organization charter or bylaws
3. Latest annual report or CPA audit

Does the applicant understand that the insurance being applied for does not cover and will not indemnify the applicant for any liability of 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. Yes No

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.

Signed: _____ Title: _____

Date: _____

ONE LETTER OF REJECTION OR REFUSAL TO WRITE YOUR COVERAGE WITH A STANDARD INSURANCE CARRIER IS REQUIRED AS A PART OF YOUR APPLICATION. YOUR APPLICATION WILL NOT BE CONSIDERED COMPLETE UNTIL THIS LETTER IS ATTACHED.