

Minnesota Joint Underwriting Association
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RENEWAL GARAGE LIABILITY APPLICATION

YOU MUST ATTACH CURRENT MOTOR VEHICLE REPORTS FOR ALL OWNERS, DRIVERS, AND EMPLOYEES

Section I – General Information

Policy Number: _____ Insured's Email: _____

1. Named Insured: _____ Phone: (____) _____

DBA: _____

2. Mailing Address: _____

3. Location # 1 Address: _____

4. Location #2 Address: _____

Is there work done elsewhere? i.e., roadside? _____ customer business location? _____

5. Type of Legal entity: corporation partnership individual LLC other

6. Insured's Business:

Dealer:

franchised non-franchised retail wholesale auction consignment

Service:

general service trailer sales

Please indicate all the apply and show percentage of operation for each

	Sales %	Repair %
All Terrain Vehicles	_____	_____
Car Kits/Truck Kits	_____	_____
Car Wash - <input type="checkbox"/> attended <input type="checkbox"/> self serve	_____	_____
Farm Machinery/Contractors Equipment	_____	_____
LPG sales/handling	_____	_____
Motor cycles/Boats/Snowmobiles	_____	_____
Motor Homes/Mobile Homes	_____	_____
Private Passenger (incl. Pickups/Vans)	_____	_____
Propane conversions	_____	_____
Recreation or Utility Trailers	_____	_____
Salvage Operation/Yard/Vehicles	_____	_____

	Sales %	Repair %
Semi Trailers or Trailers or 5 th Wheels	_____	_____
Service Station	_____	_____
Grocery sales _____%		
Liquor sales _____%		
Storage Parking for:		
<input type="checkbox"/> public <input type="checkbox"/> impound <input type="checkbox"/> repo <input type="checkbox"/> other	_____	_____
Tire Sales	_____	_____
<input type="checkbox"/> new _____%		
<input type="checkbox"/> used _____%		
<input type="checkbox"/> recaps _____%		
Truck or Truck Tractors	_____	_____
Used Parts Sales	_____	_____
Other: Please specifically describe.	_____	_____

7. Explain any other business, owned by you, that is conducted on the premises: _____

8. Do you have a valet parking service? yes no

9. What radius do you drive or transport vehicles from your location? 0-100 miles _____%
 101-300 miles _____%
 Over 300 miles _____%

10. How do you transport or drive away vehicles?

Own tow truck <input type="checkbox"/> yes <input type="checkbox"/> no	Car hauler contracted by others <input type="checkbox"/> yes <input type="checkbox"/> no
Tow bars or dollies <input type="checkbox"/> yes <input type="checkbox"/> no	Tow trucks contracted by others <input type="checkbox"/> yes <input type="checkbox"/> no
Own car haulers <input type="checkbox"/> yes <input type="checkbox"/> no	Temporary or contract drivers <input type="checkbox"/> yes <input type="checkbox"/> no

11. Number of Dealer Plates: _____
Transporter Plates: _____
Full Use or Personal Tags: _____

12. List any Additional Insureds/Loss Payees to be named as certificate holders

SECTION II - OWNER, EMPLOYEE, AND DRIVER INFORMATION

Name	Birthdate	Driver's License Number/State	Violations and Accidents – Last 3 Years
1.			
2.			
3.			
4.			
5.			

Job duties incl. Mechanical experience for the above names	Rating Units or Payroll	Full Time	Part Time (20 hrs or less/week)
1.		<input type="checkbox"/>	<input type="checkbox"/>
2.		<input type="checkbox"/>	<input type="checkbox"/>
3.		<input type="checkbox"/>	<input type="checkbox"/>
4.		<input type="checkbox"/>	<input type="checkbox"/>
5.		<input type="checkbox"/>	<input type="checkbox"/>

*IF ADDITIONAL OWNERS, DRIVERS, AND EMPLOYEES, PLEASE ATTACH SEPARATE LIST. ALL LISTED MUST HOLD VALID DRIVER'S LICENSE.

SECTION III - MINNESOTA JOINT UNDERWRITING ASSOCIATION STATUTE REQUIREMENTS

Does the insured conduct any activities outside the state of Minnesota for which the insured is obtaining insurance from MJUA? ____ No ____ Yes

If Yes, identify the percentage amount of the applicant's activities conducted outside the state of Minnesota; the states in which those activities are conducted; and describe such activities.

Is the insurance for which the insured is obtaining for from MJUA required by statute, ordinance, or otherwise required by Minnesota law? ____ No ____ Yes

If Yes, identify the statute, ordinance, or Minnesota law requiring such insurance.

Does the insured have a current, non-temporary, valid Minnesota motor vehicle dealer license? ____ No ____ Yes

If Yes, identify the date the license was issued, and the dealer number:

If No, state the status of the insured's Minnesota motor vehicle dealer license:

AS PART OF THE RENEWAL APPLICATION, PLEASE PROVIDE TO THE MJUA COPIES OF THE INSURED'S CURRENT, VALID DEALER LICENSE, AND ALL COMMUNICATIONS WITH THE MINNESOTA DEPARTMENT OF PUBLIC SAFETY, DRIVER AND VEHICLE SERVICES, RELATING TO SUCH LICENSE OR APPLICATION FOR SUCH LICENSE, INCLUDING BUT NOT LIMITED TO:

- Motor Vehicle Dealer License Application;
- Commercial Location Checklist;
- Zoning Verification;
- Certification of Compliance with Minnesota Worker's Compensation Law;
- Dealer Surety Bond;
- Demonstration/In-Transit Plate Application;
- Franchise Agreement, if applicable; and
- Verification of Property Lease or proof of building ownership; and
- Minnesota Department of Public Safety's response to your Motor Vehicle Dealer License Application and related submissions.

Does the insured understand that the insurance obtained through the MJUA does not cover, and will not indemnify, the insured for any liability or loss arising from the insured's activities that are conducted substantially outside the state of Minnesota, unless required by statute, ordinance, or otherwise required by Minnesota law.

_____ No _____ Yes

Does the insured understand that the insurance being applied for does not cover, and will not indemnify, the insured for any liability or loss arising from the insured's activities that are conducted while the insured does not have in effect a valid Minnesota motor vehicle dealer license? _____ No _____ Yes

SECTION IV – SIGNATURES

I declare to the best of my knowledge that all statements here in are true and no material facts have been suppressed or misstated. I am also aware that my operation may be inspected by the insurance company.

Insured's Signature: _____ Date: _____

Agent

Agent Name: _____ Agent's Email Address: _____

Agency: _____ Agent's Phone Number: _____

Agency Address: _____

Agent Signature: _____ Date: _____

<p>ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING FALSE OR DECEPTIVE STATEMENTS MAY BE SUBJECT TO CIVIL OR CRIMINAL PENALTIES.</p>
