

MINNESOTA JOINT UNDERWRITING ASSOCIATION
12400 PORTLAND AVE S, STE 190
BURNSVILLE, MN 55337
1-800-552-0013 OR 952-641-0260
FAX: 952-641-0274
www.mjua.org

**School Leaders Liability Renewal Application
Professional and General Liability
Claims Made Form**

1. Name of Insured: _____

2. Address of Insured: _____

Key Contact (i.e., Risk Manager, Superintendent): _____

Key Contact E-Mail Address: _____

Phone: _____ Fax: _____

Agent/Broker: _____ Agent/Broker Phone: _____

Agent/Broker Address: _____

3. Prior Carrier: _____ Premium: _____

4. Type of School (Check all that apply).

___ Elementary/Primary School ___ Middle/Junior High School ___ Secondary/High School

___ Charter School ___ Special Education Facility ___ Public Institution ___ Private Institution

___ Special Education ___ Magnet School

5. Please Provide Number of Students Enrolled:

Full Time _____ Part Time _____ Pre-School _____ Total _____

6. Please Provide Number of Staff:

Full Time Instructors _____ Part Time Instructors _____ Administrative Personnel _____

Other non-instructional employees _____ Independent Contractors _____ Volunteers _____

Elected/Appointed Board Members _____ Student Teachers/Interns _____ Total _____

7. Is the insured's school accredited? ___ Yes ___ No

If yes, list accrediting organization: _____

8. Has the school or any of your academic programs ever lost accreditation, been placed on probation or become unable to gain accreditation? ___ Yes ___ No

If yes, provide details: _____

9. Operations:

- ___ Yes ___ No A. Does the School District have a written administrative procedure to assure compliance with the federal law pertaining to student records – right of privacy?
- ___ Yes ___ No B. In the last 3 years has the School District been involved in any disputes regarding integration, segregation, or school busing? If yes, please explain.

- ___ Yes ___ No C. Has any School been closed or School Activities disrupted during the past three years due to Student or Teacher strikes or actions?
- ___ Yes ___ No D. Does the School District have special education programs and/or facilities for the developmentally, mentally, emotionally, or physically disabled? If no, describe where and/or who manages these programs/facilities. _____
- ___ Yes ___ No E. Does the School District have written policies and procedures for the following as they pertain to Students?
- ___ Yes ___ No Suspension?
- ___ Yes ___ No Expulsion?
- ___ Yes ___ No Corporal Punishment?
- ___ Yes ___ No Possession of Weapons?
- ___ Yes ___ No Drug Testing and Searches?
- ___ Yes ___ No Sexual Misconduct?
- ___ Yes ___ No Bullying?
- ___ Yes ___ No Hazing?
- ___ Yes ___ No Harassment?
- ___ Yes ___ No Locker/Student Searches?
- ___ Yes ___ No Does the School District have a written Student Handbook? If, yes, please provide a copy.
- ___ Yes ___ No F. Has the School District established written guidelines for reporting and investigating allegations of harassment (including sexual harassment) brought by students?
- ___ Yes ___ No G. Has the School District developed written guidelines for reporting instances of suspected child abuse to proper authorities?

10. Employment Practices and Procedures:

- ___ Yes ___ No A. Does the insured have a human resources coordinator or someone responsible for employment matters?
- ___ Yes ___ No B. Does the insured have a written Employment Manual or Employee Handbook including all personnel policies and procedures? If, yes, please provide a copy.
___ Yes ___ No Is the manual/handbook distributed to all employees?
- ___ Yes ___ No C. Does the manual/handbook include a reservation of rights to change/modify/terminate policies?
- ___ Yes ___ No D. Does the manual/handbook require employees to sign a receipt acknowledging they have received and understand the manual/handbook?
- ___ Yes ___ No E. Is the manual reviewed by counsel experienced and qualified in employment law?
- ___ Yes ___ No F. Does the insured have a written policy with respect to sexual and non-sexual harassment?
- ___ Yes ___ No G. Does the insured have a formal written procedure for employee disputes/complaints?
- ___ Yes ___ No H. Does the insured have a written progressive disciplinary procedure?
- ___ Yes ___ No I. Have any complaints been filed with the EEOC within the last 3 years? If yes, explain. _____

- ___ Yes ___ No J. Has any employee, former employee, or job applicant made claim against the School District for this insurance or any of its officials or employees within the past three years alleging unfair or improper treatment in connection with any job? If yes, explain. _____
- ___ Yes ___ No K. Has any official or employee been involuntarily dismissed from employment in the past 3 years or are any staff reductions anticipated in the next twelve months? If yes, explain. _____
- ___ Yes ___ No L. Does the School District consult with its Human Resources Department or outside counsel prior to dismissing any employee?
- ___ Yes ___ No M. Are criminal background checks required on all employees, volunteers and Independent contractors?
- ___ Yes ___ No N. Are employee terminations reviewed by legal counsel?

11. Proposed: Effective date: _____ End date: July 1st (Common Renewal Date)
 Limit per occurrence: \$ _____ Aggregate Limit: \$ _____
 Deductible: \$ _____

12. Current Budget: \$ _____

13. List all incidents within the past five (5) years involving the entity, employees, student teachers or volunteers **that have not yet resulted in a charge, complaint or claim, but may be reasonably expected to result in a claim.** (Please attach a separate sheet if necessary).

Incident History

Date of Incident	Description of Incident	Status

14. List all claim within the past five (5) years including complaints, charges, administrative proceedings, due process hearings, and lawsuits involving the entity, employees, student teachers or volunteers.(Please attach a separate sheet if necessary).

Loss History

Enter all claims or occurrences that may give rise to claims for the prior 5 years						
<input type="checkbox"/> Check here if none <input type="checkbox"/> See attached loss summary <input type="checkbox"/> Insured with MJUA for prior 5 years/loss run on file						
Date of Occurrence	Line	Type/Description of Occurrence or Claim	Date of Claim	Amount Paid	Amount Reserved	Open/ Closed

15. 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 insured's activities conducted outside the state of Minnesota; the states in which those activities are conducted; and describe such activities.

16. Is the insurance which the insured is obtaining 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.

17. Does the insured understand that the insurance obtained through the MJUA does not cover, and will not indemnify, the applicant for any liability or loss arising from the applicant's activities that are conducted substantially outside the state of Minnesota, unless required by statute, ordinance, or otherwise required by Minnesota law.
_____ No _____ Yes

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

Signature of Insured Date

APPLICATION REQUIREMENT

AS PART OF YOUR APPLICATION, YOU ARE REQUIRED TO SUBMIT ONE REJECTION OF COVERAGE FROM A STANDARD INSURANCE CARRIER.

A WRITTEN QUOTE PROVIDED BY AN INSURER AT A RATE IN EXCESS OF 110% OF PLAN RATES FOR SIMILAR COVERAGE IS DEEMED TO BE A WRITTEN REJECTION.

Signature of Agent: _____ Date: _____

Agent: _____ Agency: _____

Agency Address: Street: _____

City, State, Zip: _____

Agent Phone: _____ Agent Fax: _____

Agent Email: _____ Agency Fed Tax ID: _____