

Minnesota Joint Underwriting Association 12400
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Burnsville, MN 55337
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www.mjua.org

CAREER FIDUCIARY SUPPLEMENTAL APPLICATION
Professional Liability & General Liability
For Claims Made Coverage

APPLICANT INFORMATION

1. Proposed insured: _____

Mailing address: _____

City, State, Zip: _____ County: _____

Phone: _____ Email: _____

Agent: _____ Phone: _____

2. List of officers, partners or the name of individual:

1. _____

2. _____

3. _____

4. _____

If the proposed name insured is not an individual, the total number of career fiduciaries employed in the organization: _____

Important: If the proposed named insured is not an individual and employs more than one career fiduciary, complete a supplemental application for each career fiduciary and attach to this application.

3. Proposed: Effective date _____ End date July 1st (Common Renewal Date)

Limit per occurrence: \$ _____

Aggregate limit: \$ _____

4. Years in service as a career fiduciary: _____

5. Greatest number of career fiduciary clients that you will be representing at any one time: _____

6. Total number of cases in which you expect to serve as a career fiduciary during the next twelve months: _____

7. Are you certified as a career fiduciary? _____

If yes, which counties? _____

Please list name, address, and phone number of certifying authority. _____

8. Will any of the clients represented by you be involved in court proceedings dealing with the following?

- | | | |
|--------------------------------|------------------------------|-----------------------------|
| Neglect | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Dependency | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Termination of parental rights | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Custody | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

9. Will you be accountable to any program coordinator, peer supervisor, outside agency, or consultant? _____

If yes, please specify names, titles, and phone numbers. _____

10. Have you or any of your employees ever been convicted of a felony or gross misdemeanor? _____

If yes, explain (include dates, locations, infractions and penalties). _____

11. Are you or any of your employees under investigation for or have a previous record of sexual abuse? _____

12. Are you or any of your employees a licensed attorney? _____

If yes, specify company with whom you have lawyers professional liability coverage and policy number. _____

13. Are you required to carry a bond? _____ If yes, please attach a copy of the bond.

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.

Does the applicant conduct any activities outside the state of Minnesota for which the applicant is applying for 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 applicant is applying 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.

THE FOLLOWING QUESTIONS MUST BE ANSWERED BY ALL APPLICANTS.

("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 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 on behalf of the applicant 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

Please identify the name of the insurance company who has refused to provide coverage to the applicant and the date of the refusal.

Was the refusal to provide coverage by another insurer based on an offer of coverage at a rate in excess of the rate that would be charged by the MJUA for similar coverage and risk?

_____ No _____ Yes

If Yes, and the rate for coverage offered is more than 10% in excess of the MJUA's rates for similar coverage and risk, or 20% in excess of the MJUA's rates for liquor liability coverages, attach a copy of such written offer to this application. *NOTE that pursuant to Minn. Stat. 62I.13, Subd. 2, "[i]t shall not be deemed to be a written notice of refusal if the rate for coverage offered is less than ten percent in excess of the joint underwriting association rates for similar coverage and risk or 20 percent in excess of the Joint Underwriting Association rates for liquor liability coverages."*

If No, provide further explanation.

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 Applicant

Date

The following MUST accompany the completed application:

- 1. One rejection of coverage from a standard carrier (as stated above)**
- 2. Documentation to support estimated number of cases handled in the next year**
- 3. A copy of the bond you are required to carry**
- 4. Signed "Acknow", "Confirm-87", and "App-86" Endorsements**