

Minnesota Joint Underwriting Association
12400 Portland Ave S, Suite 190
Burnsville, MN 55337
1-800-552-0013 or 952-641-0260
Fax: 952-641-0274
www.mjua.org

**CONTRACTORS LIABILITY APPLICATION
CLAIMS MADE FORM**

THE INSURANCE BEING APPLIED FOR DOES NOT PROVIDE COVERAGE FOR COMPLETED OPERATIONS, PRODUCTS LIABILITY, OR MEDICAL PAYMENTS. PLEASE READ THE POLICY CAREFULLY.

Applicant Information

Name: _____ Phone: _____

Mailing Address: _____

_____ County: _____

Proposed Effective Date: _____ Email: _____

Form of business: ___ Individual ___ Partnership ___ Joint Venture
 ___ Corporation ___ Limited Corporation
 ___ Non Profit ___ Subchapter "S" Corporation
 ___ Other _____

Years in Business: _____

Premises Information

Location #	Bldg #	City, State, Zipcode	Interest	Year Built	Part Occupied
-					
-					
-					

Description of Operations by Premise(s):

Annual Gross Receipts: _____

Prior Carrier Information

Category	Years:	Years:	Years
Carrier			
Policy Number			
Policy Type	Claims-made <input type="checkbox"/> Occurrence <input type="checkbox"/>	Claims-made <input type="checkbox"/> Occurrence <input type="checkbox"/>	Claims-made <input type="checkbox"/> Occurrence <input type="checkbox"/>
Retrodate	/ /	/ /	/ /
General Liability Limits			
E & O Limits			
Total Premium			

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						
Date of Occurrence	Line	Type/Description of Occurrence or Claim	Date of Claim	Amount Paid	Amount Reserved	Open/Closed

Coverages

<input type="checkbox"/> Commercial General Liability Claims-made	General Liability
	Each Occurrence Limit \$
<input type="checkbox"/> Errors and Omissions-N/A <input type="checkbox"/> Claims-made <input type="checkbox"/> Occurrence	Damage to Premises rented to you Limit \$
	Medical Expense Limit \$ n/a
	Personal and Advertising Injury Limit \$
Deductible – Per Claim General Liability (PD & BI) \$ Errors & Omissions * \$ *minimum \$1,000 per program	General Aggregate Limit \$
	Products/Completed Operations Agg Limit \$n/a
	Errors and Omissions \$ n/a
	Each Claim \$
Other Coverages	

General Information Explain all yes answers. Yes No

1. Is the applicant a subsidiary of another entity or does applicant have any subsidiaries?

2. Describe present/prior affiliation with other firms: _____

3. Is a formal safety program in place?

4. Any exposure to flammables, explosives or chemicals?

5. Any policy or coverage declined, cancelled or nonrenewed during prior 3 years?

6. Any past losses/claims relating to sexual abuse or molestation allegations, discrimination or negligent hiring?

7. Date of license: _____

8. Years experience in field: _____

9. A. Description of contracting operations: _____
Provide details applicable to specific contracting operations.

B. Provide a list of 5 largest jobs, including date job completed, type of work and job cost.

1. _____
2. _____
3. _____
4. _____
5. _____

10. Do any prior operations differ substantially in nature from current operations? _____
If "yes", please explain.

11. Payroll: Please provide payroll estimate for next 12 months by ISO classification:

- | | |
|---|-------|
| 1. Executive Supervisor = code 91580 | _____ |
| 2. Contractors-subcontractors work = code 91583 | _____ |
| 3. Contractors-subcontractors work = code 91585 | _____ |
| 4. Carpentry = code 91342 | _____ |
| 5. Other _____ | _____ |
| 6. Other _____ | _____ |

Yes No

12. Any past, present or future work performed on hillside terraces:
If yes, provide details including degree of slope.

13. Do you work as a construction manager?

14. Do you work as a real estate developer?

15. Any past, present or future work on landfill areas or in subsidence areas?

16. Any subsidence or sinkhole related losses in the past 5 years?

17. Any past, present or future construction operations conducted in excess of two stories?

18. Any past, present or future work performed below grade
If yes, maximum depth: _____

19. Any past, present or future involvement in the construction of condominiums, town homes, or apartments in excess of 10 units?
If yes, provide date of job, type of work performed and job cost.

20. Any past, present or future involvement with Exterior Insulation and Finish Systems (Synthetic Stucco)?

21. What percentage of your work is associated with hot tar roofing work?

22. Do you have any past or present involvement in the building of Tract Housing Developments? (Tract homes defined as 8 or more homes in the same Subdivision.)

23. Have you ever been named in a construction defect suit? If yes, please provide details: -
- _____
- _____

24. Average number of homes built/projects completed annually: _____

25. What percentage of your operations are repair work? _____

26. What percentage of your operations are conducted as:
General Contractor: _____ Subcontractor: _____

27. What percentage of your receipts are derived from:
New construction: _____ Remodeling: _____ Demolition: _____
Commercial: _____ Repair: _____ Industrial: _____
Residential: _____ Institutional: _____

28. Indicate type of work performed by applicant:
_____% Asbestos removal _____% Grading _____% Roofing
_____% Blasting _____% Insulation _____% Sheet Metal (shop)
_____% Carpentry (finish) _____% Janitorial _____% Sheet Metal/siding (outside)
_____% Carpentry (inside) _____% Sewer _____% Landscape/gardening
_____% Concrete _____% Load Abatement _____% Steel (structural)

_____% Driveway parking lot
paving/repaving

_____% Masonry

_____% Street grading

_____% Drywall/wallboard _____% Tree trimming _____% Mold Remediation
 _____% Electrical _____% Painting (interior) _____% Wrecking/Demolition
 _____% Excavation _____% Painting (exterior) _____% Paperhanging
 _____% Fence erection _____% Plastering _____% Floor installation
 _____% Plumbing _____% Gas hook-ups _____% Heating
 _____% Other - _____

29. Indicate type of work performed by subcontractors, including percentages:

_____% Asbestos removal _____% Grading _____% Roofing
 _____% Blasting _____% Insulation _____% Sheet Metal (shop)
 _____% Carpentry (finish) _____% Janitorial _____% Sheet Metal/siding (outside)
 _____% Carpentry (inside) _____% Sewer _____% Landscape/gardening
 _____% Concrete _____% Load Abatement _____% Steel (structural)
 _____% Driveway parking lot paving/repaving _____% Masonry _____% Street grading
 _____% Drywall/wallboard _____% Tree trimming _____% Mold Remediation
 _____% Electrical _____% Painting (interior) _____% Wrecking/Demolition
 _____% Excavation _____% Painting (exterior) _____% Paperhanging
 _____% Fence erection _____% Plastering _____% Floor installation
 _____% Plumbing _____% Gas hook-ups _____% Heating
 _____% Other - _____

30. If you utilize subcontractors, do you require that they do the following:
- | | Yes | No |
|--|--------------------------|--------------------------|
| a. Provide proof of workers comp and liability insurance before they or their employers are allowed on the job site? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Maintain liability insurance with limits equal to or higher than your limits? | <input type="checkbox"/> | <input type="checkbox"/> |
| If no, what limit do you require? _____ | | |
| c. Sign a written contract containing a hold-harmless agreement (favoring you) | <input type="checkbox"/> | <input type="checkbox"/> |

before they begin work?

- d. Provide an endorsement on their insurance policy naming you as an additional insured before they begin work?

e. How long do you maintain records of the above subcontractors documents? _____

Remarks: _____

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.

The applicant agrees, represents and warrants that the statements and information contained in the application for insurance, including all statements, information and documents accompanying or relating to the application are accurate and complete and no facts have been suppressed, omitted or misstated. Failure to fully disclose the information requested in the application for insurance, whether by omission or suppression, or any misrepresentation in the statements, information and documents accompanying or relating to the application renders coverage for any claim(s) null and void and entitles us to rescind the policy from its inception.

Signature of applicant: _____ Date: _____

Signature of Agent: _____ Date: _____

Agent: _____ Agency: _____

Agency Address: Street: _____

City, State, Zip: _____

Agent Phone: _____ Agent Fax: _____

Agent Email: _____ Agency Fed Tax ID: _____

**POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE
COVERAGE**

Coverage for acts of terrorism is included in your policy. You are hereby notified that the Terrorism Risk Insurance Act, as amended in 2019, defines an act of terrorism in Section 102(1) of the Act: The term “act of terrorism” means any act or acts that are certified by the Secretary of the Treasury—in consultation with the Secretary of Homeland Security, and the Attorney General of the United States—to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion. Under your coverage, any losses resulting from certified acts of terrorism may be partially reimbursed by the United States Government under a formula established by the Terrorism Risk Insurance Act, as amended. However, your policy may contain other exclusions which might affect your coverage, such as an exclusion for nuclear events. Under the formula, the United States Government generally reimburses 80% beginning on January 1, 2020, of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage. The Terrorism Risk Insurance Act, as amended, contains a \$100 billion cap that limits U.S. Government reimbursement as well as insurers’ liability for losses resulting from certified acts of terrorism when the amount of such losses exceeds \$100 billion in any one calendar year. If the aggregate insured losses for all insurers exceed \$100 billion, your coverage may be reduced. The portion of your annual premium that is attributable to coverage for acts of terrorism is, and does not include any charges for the portion of losses covered by the United States government under the Act.

I ACKNOWLEDGE THAT I HAVE BEEN NOTIFIED THAT UNDER THE TERRORISM RISK INSURANCE ACT, AS AMENDED, ANY LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM UNDER MY POLICY COVERAGE MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT AND MAY BE SUBJECT TO A \$100 BILLION CAP THAT MAY REDUCE MY COVERAGE, AND I HAVE BEEN NOTIFIED OF THE PORTION OF MY PREMIUM ATTRIBUTABLE TO SUCH COVERAGE.

Policyholder/Applicant’s Signature: _____

Print Name: _____

Date: _____

Name of Insurer: Minnesota Joint Underwriting Association

Policy Number: _____

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