

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](http://www.mjua.org)

**DAY CARE PROVIDERS LIABILITY INSURANCE APPLICATION  
FOR CLAIMS-MADE COVERAGE**

1. Name of Applicant: \_\_\_\_\_
2. Mailing Address: \_\_\_\_\_
3. Phone: \_\_\_\_\_ Email: \_\_\_\_\_ County: \_\_\_\_\_
4. Proposed Named Insured Is:  
 Individual                       Partnership                       Corporation  
 Joint Venture                       Other: \_\_\_\_\_
5. List of Officers, Partners or the Name of the Individual Owner:  
\_\_\_\_\_  
\_\_\_\_\_
6. Years in Business: \_\_\_\_\_
7. Day Care Address: \_\_\_\_\_
8. Day Care is located in:  
 School                       Church                       Separate Building                       Home  
 Other: \_\_\_\_\_
9. Open – hours per day: \_\_\_\_\_ Days per week: \_\_\_\_\_
10. Managers/Owners hours and responsibilities: \_\_\_\_\_  
\_\_\_\_\_
12. Does the center provide any live-in care?  Yes                       No
13. Area surrounding premises:  
 Downtown District                       Industrial                       Rural  
 Shopping Center                       Seasonal                       Resort  
 Residential/Commercial                       Suburban                       Declining  
 Commercial                       Commercial
14. Type of building construction: \_\_\_\_\_

15. Describe repair of building: \_\_\_\_\_
16. Number of stories: \_\_\_\_\_
17. If the applicant only occupies a portion, on which story is the applicant's premises?  
\_\_\_\_\_
18. If the applicant only occupies a portion, what are other occupancies? \_\_\_\_\_  
\_\_\_\_\_
19. If applicant only occupies a portion, what are adjacent occupancies? \_\_\_\_\_  
\_\_\_\_\_
20. Number of exits from premises? \_\_\_\_\_
21. Are the premises fenced? \_\_\_Yes \_\_\_No If yes, type and height: \_\_\_\_\_
22. Number of fire extinguishers on premises? \_\_\_\_\_
23. Is the premises protected with smoke detectors? \_\_\_Yes \_\_\_No
24. Is the premises protected with a fire alarm? \_\_\_Yes \_\_\_No  
If yes, is it \_\_\_Manual \_\_\_Automatic
25. Are closet and bathroom doors easily opened by readily accessible devices in case of emergency? \_\_\_Yes \_\_\_No
26. Are all poisonous/toxic materials kept under lock and key out of children's reach?  
\_\_\_Yes \_\_\_No
27. Is the cooking area cleaned daily and all aged items disposed? \_\_\_Yes \_\_\_No
28. Are toys, furniture and eating utensils suitable for the size and developmental levels of the children? \_\_\_Yes \_\_\_No
29. Describe repair of toys, equipment and furniture? \_\_\_\_\_
30. Does the center have a playground? \_\_\_Yes \_\_\_No If yes, describe equipment, condition and maintenance schedule: \_\_\_\_\_  
\_\_\_\_\_
31. Are there any pets at the location? \_\_\_Yes \_\_\_No If yes, describe pet including size: \_\_\_\_\_ Has it ever exhibited aggressive tendencies or injured someone? \_\_\_\_\_

32. Number of Employees: \_\_\_\_\_  
 Staff breakdown by age of child is:  
       \_\_\_\_\_ staff for each \_\_\_\_\_ child under 2 years old.  
       \_\_\_\_\_ staff for each \_\_\_\_\_ child 2-3 years old.  
       \_\_\_\_\_ staff for each \_\_\_\_\_ child 3-5 years old.  
       \_\_\_\_\_ staff for each \_\_\_\_\_ child 5-7 years old.  
       \_\_\_\_\_ staff for each \_\_\_\_\_ child over 7 years old.
33. Are employees trained in child development/early childhood education, recreation or a related field? \_\_\_\_\_ Yes    \_\_\_\_\_ No    If yes, describe training: \_\_\_\_\_  
 \_\_\_\_\_
34. Do employees demonstrate appropriate personal characteristics working with children?    \_\_\_\_\_ Yes    \_\_\_\_\_ No
35. Are all employees free of physical and psychological conditions that might adversely affect children's health?    \_\_\_\_\_ Yes    \_\_\_\_\_ No
36. Is any member of the staff under investigation for or have a previous record of child abuse or neglect?    \_\_\_\_\_ Yes    \_\_\_\_\_ No
37. Do hiring procedures for all employees include:  
       Careful checking of personal references?                    \_\_\_\_\_ Yes                    \_\_\_\_\_ No  
       Police record checks?    \_\_\_\_\_ Yes                    \_\_\_\_\_ No  
       Pre-employment physical examinations,  
       Tuberculosis tests and evaluation of any infection?    \_\_\_\_\_ Yes                    \_\_\_\_\_ No
38. Is there an orientation program for new staff members that explains the goals and philosophy of the center, emergency health and safety procedures?  
       \_\_\_\_\_ Yes    \_\_\_\_\_ No
39. Are new staff members subject to a probationary employment period during which the director, or other qualified person, can make a professional judgement as to their physical and psychological competence for working with children?  
       \_\_\_\_\_ Yes    \_\_\_\_\_ No
40. Number of children currently licensed for (capacity): \_\_\_\_\_  
       2 years and less: \_\_\_\_\_    2-6 years: \_\_\_\_\_    6 years and older: \_\_\_\_\_
41. Name, address and phone of licensing authority: **(Attach copy of license)**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Phone: \_\_\_\_\_

42. Date of most recent licensing review or investigation: \_\_\_\_\_

43. Outcome of most recent licensing review or investigation.

\_\_\_\_\_ In Compliance \_\_\_\_\_ Violations

**\*Attach copies of the last three licensing reviews showing all violations**

44. Have any licensing actions, fines, or maltreatment investigation memorandums been issued in the last three years? \_\_\_\_\_ List dates issued: \_\_\_\_\_

**\*Attach copies of all licensing actions, fines, and memorandums**

45. Are there any children enrolled at the center who are emotionally or physically handicapped? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, describe: \_\_\_\_\_

\_\_\_\_\_

46. Are children under adult supervision at all times? \_\_\_\_\_ Yes \_\_\_\_\_ No If no, explain when this is not true: \_\_\_\_\_

47. Is there a swimming pool on the premises? \_\_\_\_\_ Yes \_\_\_\_\_ No

#### PRIOR CARRIER INFORMATION

Year	Carrier	Policy Number	Limits	Annual Premium
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

#### LOSS AND CLAIM HISTORY

Enter all losses and claims for the prior 5 years. Add separate sheets if necessary.

Date of loss: \_\_\_\_\_ Type of loss: \_\_\_\_\_

Amount paid: \_\_\_\_\_ Reserve: \_\_\_\_\_

Description: \_\_\_\_\_

\_\_\_\_\_

Date of loss: \_\_\_\_\_ Type of loss: \_\_\_\_\_

Amount paid: \_\_\_\_\_ Reserve: \_\_\_\_\_

Description: \_\_\_\_\_

\_\_\_\_\_

THE FOLLOWING QUESTIONS MUST BE ANSWERED BY ALL APPLICANTS

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.

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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.

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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.

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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.

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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.

\_\_\_\_\_  
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: \_\_\_\_\_

***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.*