

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

**DAY CARE PROVIDERS LIABILITY INSURANCE APPLICATION
FOR OCCURRENCE COVERAGE**

1. Name of Applicant: _____
2. Address: _____
3. Phone: _____ Email: _____ County: _____
4. Agent: _____
5. Agent Address: _____
6. Proposed Named Insured Is:
 Individual Partnership Corporation
 Joint Venture Other: _____
7. List of Officers, Partners of the Name of the Individual Owner:

8. Years in Business: _____
9. Center is located in:
 School Church Separate Building
 Other: _____
10. Open – hours per day: _____ Days per week: _____
11. 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. 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 cared for:
 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. Are there any children enrolled at the center who are emotionally or physically handicapped? _____ Yes _____ No If yes, describe: _____
- _____

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

44. 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.

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 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.

**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: _____

MJUA

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