

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 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 or 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.

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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.*

## 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.

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Policyholder/Applicant’s Signature

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Print Name

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Date

Name of Insurer: Minnesota Joint Underwriting Association

Policy Number: \_\_\_\_\_