

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)

Application for Claims Made Coverage  
Directors and Officers Liability Insurance

1. Name of Organization: \_\_\_\_\_

2. Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Agent: \_\_\_\_\_ Agent Phone: \_\_\_\_\_

Agent Address: \_\_\_\_\_

3. Function of organization: \_\_\_\_\_

\_\_\_\_\_

4. Date first organized: \_\_\_\_\_

5. Is the organization affiliated in any way with any company operating for profit? \_\_\_\_\_  
If yes, identify and describe nature of affiliation.

\_\_\_\_\_

\_\_\_\_\_

6. Within the last five years, has the organization been the subject of any investigation, complaint, or civil or criminal penalty by or from any State or Federal regulatory or law enforcement agency? \_\_\_\_\_ If yes, fully describe on separate pages.

7. Federal income tax status: \_\_\_\_\_

8. Funding and Budget:

A. Indicate the organization's sources of funds, as percentages of total funds, during the current year:

\_\_\_\_\_ % FEDERAL                      \_\_\_\_\_ % DUES                      \_\_\_\_\_ % STATE

\_\_\_\_\_ % FEES                              \_\_\_\_\_ % CITY/COUNTY

\_\_\_\_\_ % CONTRIBUTIONS              \_\_\_\_\_ % OTHER

B. For the previous and current years, indicate the organization's total budget and funds allocated to administration, services and fund-raising:

	Current Year	Previous Year
Total Budget	_____	_____
Administration	_____	_____
Services	_____	_____
Fundraising	_____	_____

9. Itemize and fully describe the circumstances surrounding, and the outcome of, any claim made during the last five years against any director, officer, or employee (including volunteer employees), which would come within the scope of the insurance now being applied for. Attach additional pages if necessary. Attach additional pages if necessary.

Date of Loss: \_\_\_\_\_ Type of Loss: \_\_\_\_\_  
 Amount Paid: \_\_\_\_\_ Reserve: \_\_\_\_\_  
 Description: \_\_\_\_\_  
 - \_\_\_\_\_  
 - \_\_\_\_\_

Date of Loss: \_\_\_\_\_ Type of Loss: \_\_\_\_\_  
 Amount Paid: \_\_\_\_\_ Reserve: \_\_\_\_\_  
 Description: \_\_\_\_\_  
 - \_\_\_\_\_  
 - \_\_\_\_\_

10. Does any director, officer or employee have any knowledge of any negligent act, error or omission that could reasonably be expected to give rise to a claim against him, her or the organization. \_\_\_\_\_  
 If yes, fully describe. Attach additional pages if necessary.

- \_\_\_\_\_  
 - \_\_\_\_\_

11. PRIOR CARRIER INFORMATION (Attach copy of most recent directors and officers policy and application.)

Year	Carrier	Policy Number	Limits BI/PD	Annual Premium
-	_____	_____	_____	_____
-	_____	_____	_____	_____
-	_____	_____	_____	_____

12. Limits of liability sought: \_\_\_\_\_

13. It is understood that the coverage provided the organization or entity applies only to its obligation to indemnify directors and officers, and no coverage is provided for suits brought directly against the organization or entity. \_\_\_\_\_ Yes \_\_\_\_\_ No

14. Does the organization:

- A. Render any professional, medical, counseling or guidance services? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, indicate nature: \_\_\_\_\_  
\_\_\_\_\_
- B. Solicit advertising? \_\_\_\_\_ Yes \_\_\_\_\_ No
- C. Establish a suggested fee for services or products supplied by its members? \_\_\_\_\_ Yes \_\_\_\_\_ No
- D. Maintain a "peer review" over services or products or its members? \_\_\_\_\_ Yes \_\_\_\_\_ No
- E. Allocate or award funds to other agencies or organizations? \_\_\_\_\_ Yes \_\_\_\_\_ No
- F. Administer or endorse a profit or savings plan for members? \_\_\_\_\_ Yes \_\_\_\_\_ No
- G. Promote or endorse any group insurance plans? \_\_\_\_\_ Yes \_\_\_\_\_ No

TO THIS APPLICATION MUST BE ATTACHED THE FOLLOWING:

1. Complete list of all officers and directors
2. Organization charter or bylaws
3. Latest annual report or CPA audit
4. One refusal of coverage from a standard insurance carrier

***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. 621.13, 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.

Does the applicant understand that the insurance being applied for does not cover and will not indemnify the applicant for any liability of loss arising from the emission of any hazardous material or pollutant to the environment, including any responsibility to clean up any release; and does not cover and will not indemnify the applicant for liability or loss arising out of work or operations performed by the applicant or on the applicant's behalf, including materials, parts or equipment furnished in connection with such work or operations. \_\_\_\_\_ Yes \_\_\_\_\_ No

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 and the information contained in this application is true and complete.

Applicant Signature: \_\_\_\_\_ 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.

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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: \_\_\_\_\_