

MINNESOTA JOINT UNDERWRITING ASSOCIATION
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BURNSVILLE, MN 55337
1-800-552-0013 OR 952-641-0260
FAX: 952-641-0274
www.mjua.org

ELECTRICAL INSPECTOR APPLICATION
PROFESSIONAL/TECHNICAL, ERRORS AND OMISSIONS
FOR CLAIMS MADE COVERAGE

1. Name of Applicant: _____

2. Address of Applicant: _____

Key Contact: _____

Key Contact E-Mail Address: _____

Phone: _____ Fax: _____

3. Applicant Type (Check all that apply).

Business Corporation Limited Liability Corporation (LLC) Limited Partnership

Limited Liability Partnership (LLP) Individual

If the proposed named insured is not an individual, the total number of other inspectors employed by the entity: _____.

4. State of MN Professional and Technical Services Contract Date: _____

5. Number of Electrical Inspections Performed In Prior 12 Month Period: _____

6. Anticipated Number of Inspections to be Performed in the Next Year: _____

7. Do you engage in any other kind of professional service outside of electrical inspections under your contract with the State of MN: Yes No

If yes, please describe. Attach additional pages if necessary.

8. Years in service as an electrical inspector: _____

9. Limit of Liability Requested: Per Occurrence \$ _____ Aggregate \$ _____

10. Does the applicant currently carry similar E&O/Professional Liability Insurance? ___ Yes ___ No

Name of Company: _____

Expiration Date: _____ Limits (Occ/Agg): \$ _____ / \$ _____

Retention/Deductible: \$ _____ Annual Premium: \$ _____

11. Has similar E&O/Professional Liability insurance ever been declined, cancelled or non-renewed?
___ Yes ___ No

If "Yes", please attach explanation.

12. Itemize and fully describe the circumstances surrounding, and the outcome of, any claim made during the last five years which would come within the scope of the insurance now being applied for. 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: _____
- _____
- _____

13. Does applicant have any knowledge of any negligent act, error or omission that could reasonably be expected to give rise to a claim(s), suit(s), investigation(s) or action(s) under the proposed policy?
___ Yes ___ No

If yes, fully describe. Attach additional pages if necessary.

- _____
- _____

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.

I, the undersigned, certify and attest that the information contained in this application is true and complete, and that I have been unable to obtain through ordinary methods the insurance applied 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: _____