Minnesota Joint Underwriting Association
2400 Portland Ave S, Suite 190,
Burnsville, MN 55337
(952) 641-0260 Fax: (952) 641-0274
WWW.MJUA.ORG

FOSTER PROVIDER LIABILITY INSURANCE

INCIDENT REPORT FORM

1. Name, address, phone number and policy number of insured:

-_____
-_____
-_____
(_____)_____Policy Number: _____

2. Name, address, and phone number of potential claimant:

-_____
-_____
-_____
(_____) _____

3. Name, address, and phone number of injured person(s) (if different from potential claimant):

-_____
-_____
-_____

4. Date and time of incident: _____

5. Full address where incident occurred (attach floor plan or street plan if necessary):

-_____
-_____
-_____

6. Names, address and phone numbers of all persons involved in the incident and an explanation of the relation, if any, or each to the insured. (Attach additional sheets if necessary.)

-_____
-_____
-_____

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7. Names, address and telephone number of all witnesses to the incident:
   Name Address Phone

-_____
-_____
-_____
-_____

8. Completely describe the incident, including all relevant circumstances and actions preceding and following the incident (attach additional pages if necessary). Attach a copy of police report if applicable.

-_____
-_____
-_____
-_____
-_____

9. Names, addresses and phone numbers of any person injured and description of injuries:
   Name Address Phone Injury

-_____
-_____
-_____
-_____

10. Itemize all damages property, extent of damage, estimated or actual repair cost:
    Property Description of Damage $ Estimate (by whom)

-_____
-_____
-_____
-_____

FRAUD WARNING
A PERSON WHO FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME

I hereby certify that the foregoing statements made by me are true.

_____ _____
Signature of person completing report Date

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: _____

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