



APPLICATION FOR GARAGE LIABILITY

The MJUA has recently made changes to our garage liability class of insurance and our application for coverage. It appears that the coverage being requested is now (and has been) available in Minnesota to most applicants through AIPSO. The MJUA, as a professional and general liability insurer of last resort, cannot provide this coverage if it is available on the standard market or through another alternative market mechanism such as AIPSO. We require declinations from a standard market carrier, and proof of the insured's application to AIPSO, and the proposed rate or AIPSO's declination.

The following MUST accompany the completed MJUA Garage Liability Application:

1. Declination from a standard market carrier.
2. Proof of the insured's application to AIPSO.
3. Proposed rate or AIPSO's declination.
4. Three years loss runs.
5. Motor Vehicle Reports (MVRs) for all owners, employees, and drivers.
6. Copy of the insured's Minnesota dealer license.

MJUA

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GARAGE LIABILITY APPLICATION

YOU MUST ATTACH CURRENT MOTOR VEHICLE REPORTS FOR ALL OWNERS, DRIVERS, AND EMPLOYEES

Section I – General Information – These questions apply to both Dealer and Service Operations

Today's Date: _____ Email Address: _____

1. Applicant's Name: _____ Phone: (____)_____

DBA: _____

2. Mailing Address: _____

3. Location # 1 Address: _____

4. Location #2 Address: _____

Is there work done elsewhere? i.e., roadside? _____ customer business location? _____

5. How long have you been in business? _____ If new business, how many years experience? _____

6. Type of Legal entity: corporation partnership individual LLC other

7. Applicant's Business:

Dealer:

franchised non-franchised retail wholesale auction consignment

Service:

general service trailer sales

Please indicate all the apply and show percentage of operation for each

	Sales %	Repair %
All Terrain Vehicles	_____	_____
Car Kits/Truck Kits	_____	_____
Car Wash - <input type="checkbox"/> attended <input type="checkbox"/> self serve	_____	_____
Farm Machinery/Contractors Equipment	_____	_____
LPG sales/handling	_____	_____
Motor cycles/Boats/Snowmobiles	_____	_____
Motor Homes/Mobile Homes	_____	_____
Private Passenger (incl. Pickups/Vans)	_____	_____
Propane conversions	_____	_____
Recreation or Utility Trailers	_____	_____
Salvage Operation/Yard/Vehicles	_____	_____

	Sales %	Repair %
Semi Trailers or Trailers or 5 th Wheels	_____	_____
Service Station	_____	_____
Grocery sales _____%		
Liquor sales _____%		
Storage Parking for:	_____	_____
<input type="checkbox"/> public <input type="checkbox"/> impound <input type="checkbox"/> repo <input type="checkbox"/> other		
Tire Sales	_____	_____
<input type="checkbox"/> new _____%		
<input type="checkbox"/> used _____%		
<input type="checkbox"/> recaps _____%		
Truck or Truck Tractors	_____	_____
Used Parts Sales	_____	_____
Other: Please specifically describe.	_____	_____

8. Explain any other business, owned by you, that is conducted on the premises: _____

9. Do you loan any vehicles? yes no If yes, explain: _____

10. Do salespeople accompany customers on demo rides? yes no If no, explain: _____

11. Do you modify, rebuild or perform conversions on vehicles? yes no If yes, explain: _____

12. Do you perform any frame straightening: yes no If yes, answer the following questions:

a. List equipment: Year _____ Brand _____ Model _____

b. Bench type Floor model

c. Laser Measuring Device Optional Measuring Device

d. Do you buy salvage for reconstruction? yes no

e. Do you repair vehicles with damage totaling more than 60% of the ACV of vehicles? yes no

13. Do you own or sponsor a race car? yes no

14. Do you install trailer hitches? yes no If yes, what % is this of your business? _____

15. Do you perform any work on airbags (including any deactivating) or breathalyzers? yes no

16. Do you repossess autos? yes no

17. Do you have a valet parking service? yes no

SECTION III – OWNER, EMPLOYEE, AND DRIVER INFORMATION

Name	Birthdate	License No./State	Violations and Accidents – Last 3 Years	Truck/Tractor Driving Experience (if working on/selling heavy equip.)
1.				
2.				
3.				
4.				
5.				

Job duties incl. Mechanical experience for the above names	Rating Units or Payroll	Full Time	Part Time (20 hrs or less/week)	Furnished a Car?
1.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No

IF ADDITIONAL OWNERS, DRIVERS, AND EMPLOYEES, PLEASE ATTACH SEPARATE LIST.

SECTION IV – COVERAGE

Garage Liability Limits:

31. Combined Single Limit: \$_____
32. Liability Deductible: Fixed at \$2500/vehicle.
33. Do you desire Uninsured/Underinsured Motorist coverage? (for requirements, check state statutes)
yes no If yes, desired \$_____
34. Number of Dealer Plates: _____
 Transporter Plates: _____
 Full Use or Personal Tags: _____
- Other plates/tags used in your garage business (please describe): _____

35. Do you desire Personal Injury Protection coverage? (for requirements, check state statutes)
yes no

Garagekeepers (for customer cars in your care, custody and control):

36. Limit of Liability at Location #1 \$ _____
Limit of Liability at Location #2 \$ _____

Garagekeepers coverage applies on a legal liability basis unless one of the direct coverage options is indicated below by [X].

[N/A] Legal liability [N/A] Direct primary [X] Excess Insurance

37. [X] Specified Perils [N/A] Comprehensive

38. Collision coverage Deductible per auto: Fixed at \$2500/vehicle

Dealers Open Lot (coverage for damage to your autos):

Salvage-Only Operations not eligible for this coverage

39. Limit of Liability at Location #1 \$ _____ Limit of Liability at Location #2 \$ _____
[X] Specified causes of loss [N/A] Comprehensive

40. Deductible per auto: Fixed at \$2500/vehicle

41. Blanket Collision (total for all listed locations) Limit \$ _____

42. List any Additional Insureds/Loss Payees to be named and what their interest is in this operation.

- _____
- _____
- _____

SECTION V - MINNESOTA JOINT UNDERWRITING ASSOCIATION STATUTE REQUIREMENTS

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.

Does the applicant have a current, non-temporary, valid Minnesota motor vehicle dealer license? _____ No _____ Yes

If Yes, identify the date the license was issued, and the dealer number:

If No, state the status of the applicant's Minnesota motor vehicle dealer license:

AS PART OF THE APPLICATION, PLEASE PROVIDE TO THE MJUA COPIES OF THE APPLICANT'S CURRENT, VALID DEALER LICENSE, AND ALL COMMUNICATIONS WITH THE MINNESOTA DEPARTMENT OF PUBLIC SAFETY, DRIVER AND VEHICLE SERVICES, RELATING TO SUCH LICENSE OR APPLICATION FOR SUCH LICENSE, INCLUDING BUT NOT LIMITED TO:

- **Motor Vehicle Dealer License Application;**
- **Commercial Location Checklist;**
- **Zoning Verification;**
- **Certification of Compliance with Minnesota Worker's Compensation Law;**
- **Dealer Surety Bond;**
- **Demonstration/In-Transit Plate Application;**
- **Franchise Agreement, if applicable; and**
- **Verification of Property Lease or proof of building ownership; and**
- **Minnesota Department of Public Safety's response to your Motor Vehicle Dealer License Application and related submissions.**

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

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 while the applicant does not have in effect a valid Minnesota motor vehicle dealer license? _____ 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.

The applicant agrees, represents and warrants that the statements and information contained in the application for insurance, including all statements, information and documents accompanying or relating to the application are accurate and complete and no facts have been suppressed, omitted or misstated. Failure to fully disclose the information requested in the application for insurance, whether by omission or suppression, or any misrepresentation in the statements, information and documents accompanying or relating to the application renders coverage for any claim(s) null and void and entitles us to rescind the policy from its inception.

SECTION VI – SIGNATURES

I declare to the best of my knowledge that all statements here in are true and no material facts have been suppressed or misstated. I am also aware that my operation may be inspected by the insurance company.

Applicant's Signature: _____ Date: _____

Witness Signature: _____ Date: _____

Agent

Are you personally familiar with this Applicant's operations? yes no
Did your office control this risk in the past year? yes no

Agent's Name: _____ Agent's Email Address: _____

Agency: _____ Agent's Phone Number: _____

Agency Address: _____

Agent Signature: _____ Date: _____

ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING FALSE OR DECEPTIVE STATEMENTS MAY BE SUBJECT TO CIVIL OR CRIMINAL PENALTIES.

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: _____