



APPLICATION FOR GARAGE LIABILITY

The MJUA offers Garage Liability with the option to purchase Garagekeepers Coverage and Physical Damage Coverage. All applicants must hold an active MN Dealer License with DVS (or have applied for a MN Dealer License Certificate). All applicants and their employees must hold a valid driver's license. The MJUA does not offer in-house payment plans. Applicants may wish to utilize a third-party premium finance company. The MJUA does not accept credit cards, online payments, or agency checks. Payment of check or money order must be made out to Minnesota Joint Underwriting Association.

The following MUST accompany the completed MJUA Garage Liability Application:

1. Declination from a standard market carrier
2. Three years loss runs
3. Motor Vehicle Reports (MVRs) for all owners, employees, and drivers
*applicants must disclose any pending driving infractions
4. Copy of the applicant's Minnesota Dealer License Certificate (or application for MN Dealer License Certificate)

MJUA

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Minnesota Joint Underwriting Association

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GARAGE LIABILITY APPLICATION

YOU MUST ATTACH CURRENT MOTOR VEHICLE REPORTS AND DISCLOSE PENDING DRIVING INFRACTIONS 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: _____

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

18. What radius do you drive or transport vehicles from your location? 0-100 miles _____ %
 101-300 miles _____ %
 Over 300 miles _____ %

19. How do you transport or drive away vehicles?

- | | | | | | |
|---------------------|------------------------------|-----------------------------|---------------------------------|------------------------------|-----------------------------|
| Own tow truck | <input type="checkbox"/> yes | <input type="checkbox"/> no | Car hauler contracted by others | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Tow bars or dollies | <input type="checkbox"/> yes | <input type="checkbox"/> no | Tow trucks contracted by others | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Own car haulers | <input type="checkbox"/> yes | <input type="checkbox"/> no | Temporary or contract drivers | <input type="checkbox"/> yes | <input type="checkbox"/> no |

The following questions apply to ALL applicants.

SECTION II – SECURITY AND PROTECTION

20. Describe your lot(s):

Bldg/Standard Open (all sides enclosed by metal cyclone or equivalent fence of not less than 6 feet in height, or bounded on one or more sides by wall(s) or building)

Non Standard Open (all other open/unroofed lot locations not securely enclosed, locked when unattended)

Miscellaneous _____
 - _____

21. If you have a spray booth, is it UL approved? yes no If yes, describe safety controls in place:
 - _____
 - _____

22. Is you lot well lit at night? yes no

23. Are signed posted to keep customers from the work area? yes no

24. Are there firearms kept on the premises? yes no

25. Is your lot patrolled by a security guard? yes no Is the guard armed? yes no
 Do you have other security devices, i.e., cameras, alarms? yes no If yes, please describe:
 - _____

26. Do you have a guard dog? yes no

27. Do you leave keys in vehicles? yes no

28. Describe how keys are controlled: _____

29. Describe how plates are stored/locked: _____

SECTION III - OWNER, EMPLOYEE, AND DRIVER INFORMATION

Name	Birthdate	Driver's License Number/State	Violations and Accidents – Last 3 Years
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)
1.		<input type="checkbox"/>	<input type="checkbox"/>
2.		<input type="checkbox"/>	<input type="checkbox"/>
3.		<input type="checkbox"/>	<input type="checkbox"/>
4.		<input type="checkbox"/>	<input type="checkbox"/>
5.		<input type="checkbox"/>	<input type="checkbox"/>

***IF ADDITIONAL OWNERS, DRIVERS, AND EMPLOYEES, PLEASE ATTACH SEPARATE LIST. ALL LISTED MUST HOLD VALID DRIVER'S LICENSE. ANY PENDING DRIVING INFRACTIONS MUST BE DISCLOSED.**

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): MJUA provides Specified Perils Coverage and Collision Coverage.

36. Limit desired at Location #1 \$ _____
Limit desired 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

Physical Damage aka Dealers Open Lot (coverage for damage to your autos): MJUA provides Specified Perils Coverage and Collision Coverage.

Salvage Operations not eligible for this coverage

39. Limit desired at Location #1 \$ _____ Limit desired 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.