

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

RENEWAL 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

Policy Number: _____ Insured’s Email: _____

1. Named Insured: _____ 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. Type of Legal entity: corporation partnership individual LLC other

6. Insured’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	_____	_____

SECTION II - 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.

SECTION III - MINNESOTA JOINT UNDERWRITING ASSOCIATION STATUTE REQUIREMENTS

Does the insured conduct any activities outside the state of Minnesota for which the insured is obtaining 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 insured is obtaining 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 insured 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 insured's Minnesota motor vehicle dealer license:

AS PART OF THE RENEWAL APPLICATION, PLEASE PROVIDE TO THE MJUA COPIES OF THE INSURED'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.

Does the insured understand that the insurance obtained through the MJUA does not cover, and will not indemnify, the insured for any liability or loss arising from the insured'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 insured understand that the insurance being applied for does not cover, and will not indemnify, the insured for any liability or loss arising from the insured's activities that are conducted while the insured does not have in effect a valid Minnesota motor vehicle dealer license? _____ No _____ Yes

SECTION IV – 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.

Insured's Signature: _____ Date: _____

Agent

Agent 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.

**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: _____

MJUA

12400 Portland Avenue S, Suite 190, Burnsville, Minnesota 55337

[email: info@mjua.org](mailto:info@mjua.org) | office: 952-641-0260 | fax: 952-641-0274 | www.mjua.org