

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

GUARDIAN AD LITEM INSURANCE APPLICATION
FOR CLAIMS MADE COVERAGE

1. Name and mailing address: _____

Phone: _____ Email: _____ County: _____

Agent : _____ Phone: _____

2. The proposed named insured is:

Individual Partnership Joint Venture Corporation Other

3. List of officers, partners or the name of individual:

1. _____

2. _____

3. _____

4. _____

If the proposed name insured is not an individual, the total number of guardians ad litem employed in the organization: _____

Important: If the proposed named insured is not an individual and employs more than one guardian ad litem, complete a supplemental application for each guardian ad litem and attach to this application.

4. Proposed: Effective date: _____ Ending date: July 1st

Limit per occurrence: \$ _____

Aggregate limit: \$ _____

5. Years in service as a guardian ad litem: _____
6. Greatest number of guardian ad litem children that you will be representing at any one time: _____
7. Total number of guardian ad litem cases in which you expect to serve as a guardian ad litem during the next twelve months: _____

	Yes	No
8. Are you certified as a guardian ad litem?	_____	_____

In which countries? _____

Please list name, address, and phone number of certifying Authority. _____

9. Will any of the children represented by you be involved in Court proceedings dealing with the following:

Neglect	_____	_____
Dependency	_____	_____
Termination of parental rights	_____	_____
Custody	_____	_____

10. Will you be accountable to any program coordinator, peer supervisor, outside agency, or consultant? If yes, please specify names, titles, and phone numbers. _____	_____	_____
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11. Have you or any of your employees ever been convicted of a felony or gross misdemeanor? If yes, explain (include dates, locations, infractions and penalties).	_____	_____
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12. Are you or any of your employees under investigation for or have a previous record of sexual abuse?	_____	_____
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13. Are you or any of your employees a licensed attorney? If yes, specify company with whom you have lawyers professional liability coverage and policy number.	_____	_____
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PRIOR CARRIER INFORMATION

Year	Carrier	Policy Number	Limits BI/PD	Annual Premium
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

LOSS AND CLAIM HISTORY

Enter all losses and claims for the prior 5 years. Add separate sheets if necessary.

Date of loss: _____ Type of loss: _____

Amount paid: _____ Reserve: _____

Description: _____

Date of loss: _____ Type of loss: _____

Amount paid: _____ Reserve: _____

Description: _____

Comments: _____

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.

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.

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: _____