

MINNESOTA JOINT UNDERWRITING ASSOCIATION

12400 Portland Ave. South, Suite 190
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Phone: (952)641-0260 - Toll Free: (800)552-0013 - Fax: (952)641-0274

Application for Claims Made Coverage Home and Community-Based Waiver Services (HCBS) - General Liability Insurance

1. Name of Applicant: _____

2. Address of Applicant: _____

Key Contact: _____

Key Contact E-Mail Address: _____

Phone: _____ Fax: _____

Agent/Broker: _____ Agent/Broker Phone: _____

Agent/Broker Address: _____

3. Applicant Type (Check all that apply).

Business Corporation Nonprofit Corporation Limited Liability Corporation (LLC)

Limited Partnership Limited Liability Partnership (LLP) Government Entity

Individual

4. Date of HCBS – 245D Licensure: _____

5. Number of 245D Clients:

Current Number of Clients _____ Maximum Number Allowed Under Current License _____

6. Staff Size:

Client Contact Full Time Employees _____ Client Contact Part Time Employees _____

Other non-Client Contact Employees _____ Independent Contractors _____ Volunteers _____

Total _____

7. Services Provided (Check all that apply).

Companion Services Homemaker Services Night Supervision Respite Care

Behavioral Support Crisis Respite Independent Living Skills Training

Foster Care Services Day Training and Habilitation Supported Employment

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8. Limit of Liability Requested: Per Occurrence \$ _____ Aggregate \$ _____

9. Retention/Deductible Requested: \$ _____

10. Does the applicant currently carry similar HCBS General Liability Insurance? ___ Yes ___ No

Name of Company: _____

Expiration Date: _____ Limits (Occ/Agg): \$ _____/\$ _____

Retention/Deductible: \$ _____ Annual Premium: \$ _____

11. Has similar HCBS general liability insurance ever been declined, cancelled or non-renewed?
___ Yes ___ No

If "Yes", please attach explanation.

12. Itemize and fully describe the circumstances surrounding, and the outcome of, any claim made during the last five years which would come within the scope of the insurance now being applied for. Attach additional pages if necessary.

Date of Loss: _____ Type of Loss: _____

Amount Paid: _____ Reserve: _____

Description: _____

Date of Loss: _____ Type of Loss: _____

Amount Paid: _____ Reserve: _____

Description: _____

13. Does applicant have any knowledge of any negligent act, error or omission that could reasonably be expected to give rise to a claim(s), suit(s), investigation(s) or action(s) under the proposed policy?
___ Yes ___ No

If yes, fully describe. Attach additional pages if necessary.

I, the undersigned, certify and attest 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.

Signed: _____ Title: _____

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: _____

MJUA

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