

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

NON-PROFIT COMMERCIAL GENERAL LIABILITY INSURANCE
SUPPLEMENTAL APPLICATION
CLAIMS MADE INSURANCE

APPLICANT INFORMATION

1. Proposed insured: _____

Mailing address: _____

City, State, Zip: _____ County: _____

Phone: _____ Email: _____

Agent: _____ Phone: _____

2. Is your organization a nonprofit 501(c) (3) tax-exempt entity? Yes No

If no, explain: _____

3. Proposed: Effective date: _____ End date: July 1st (Common Renewal Date)

Limit per occurrence: \$ _____ Aggregate limit: \$ _____

4. Locations and brief description of each location:

A. _____ B. _____

C. _____ D. _____

NATURE OF BUSINESS

5. Description of Primary Operations: _____

6. Years in Business: _____ Number of full time staff: _____ Part time: _____

7. Gross Receipts: _____ Estimated Annual Payroll: _____

8. Number of Clients: _____ Expenses: _____ Square Footage: _____

9. Website Address: _____

GENERAL INFORMATION (Explain all "Yes" responses.)

10. Is the applicant a subsidiary of another entity or does the applicant have any subsidiaries?
____ No ____ Yes

11. Is a formal safety program in place? ____ No ____ Yes

12. Any exposure to flammables, explosives, chemicals? ____ No ____ Yes

13. Any catastrophe exposure? ____ No ____ Yes

14. Any medical facilities provided or doctors employed/contracted? ____ No ____ Yes

15. Any exposure to radioactive materials? ____ No ____ Yes

16. Do operations involve storing, treating, discharging, applying, disposing, or transporting hazardous materials? ____ No ____ Yes

17. Any operations sold, acquired, or discontinued in last 5 years? ____ No ____ Yes

18. Machinery or equipment loaned or rented to others? ____ No ____ Yes

19. Any watercraft, docks, floats owned, hired, or leased? ____ No ____ Yes

20. Any parking facilities owned/rented? ____ No ____ Yes

21. Recreation facilities provided? ____ No ____ Yes

22. Is there a swimming pool on the premises? ____ No ____ Yes

23. Sporting or social events sponsored? ____ No ____ Yes

PRIOR CARRIER INFORMATION (Attach copy of most recent policy and application)

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

LOSS AND CLAIM HISTORY (Attach further sheets if needed.)

Enter all losses and claims for the prior 5 years. If aggregates are provided, please indicate the number of claims and explain all claims exceeding \$5,000.

Date of loss: _____ Type of loss: _____

Amount paid: _____ Reserve: _____

Description: _____

Date of loss: _____ Type of loss: _____

Amount paid: _____ Reserve: _____

Description: _____

In order to better evaluate your exposures, please provide the following information:

___ Brochure, annual report, newsletters

___ Loss history for 3-5 years

___ Financial statement

___ CGL Acord Application

___ Proof of 501(c)(3) tax-exempt status

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.

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: _____

**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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