

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) 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) 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. 621.13, 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: _____