



APPLICATION FOR PEDICAB COMMERCIAL GENERAL LIABILITY

Section I – Applicant Information

Today's Date: _____

1. Applicant Name: _____

DBA: _____

2. Mailing Address:

Phone: (_____) _____ Email Address: _____

3. Proposed Effective Date of Policy: _____ End date: July 1

4. Proposed Limits of Insurance: \$ _____ per occurrence / \$ _____ aggregate

5. How long have you been in business? _____ If new business, how many years experience? _____

6. Type of Legal entity: corporation partnership individual LLC other

Section II – Nature of Business

7. Description of Operations: _____

8. Cities of Operations: _____

ATTACH COPIES OF CURRENT PEDICAB LICENSE CERTIFICATES

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

9. Years in business: _____
10. Number of full time staff: _____ Part time staff: _____
11. Gross Receipts: _____
12. Estimated Annual Payroll: _____
13. What radius do you drive when providing pedicab services? _____
14. Number of pedicabs used in operations: _____ Number of trailers: _____
15. Website address: _____
16. Owners, staff and drivers:

Name	Birthdate	Driver's License No./State	Violations and Accidents – Last 3 Years
1.			
2.			
3.			
4.			
5.			

IF ADDITIONAL OWNERS, DRIVERS, AND EMPLOYEES, PLEASE ATTACH SEPARATE LIST.

Section III – General Information (Explain all “Yes” responses)

17. Is the applicant a subsidiary of another entity or does the applicant have any subsidiaries? No Yes
18. Is a formal safety program in place? No Yes
19. Any operations sold, acquired, or discontinued in last 5 years? No Yes
20. Machinery, equipment or pedicabs loaned or rented to others? No Yes
21. Any parking facilities owned/rented? No Yes
22. Special, sporting or social events sponsored? No Yes
23. Do you modify, rebuild or perform conversions on pedicabs? No Yes

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

Section IV – Prior loss and claim history

24. Identify 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: _____

25. Please submit the following information to MJUA:

- Brochure, annual report, newsletters
- Loss history for past 5 years
- Financial statement
- CGL Acord Application

Section V – Minnesota Joint Underwriting Association Statutory Requirements

26. 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:

27. Does the applicant have a current, valid license to operate a pedicab within the state of Minnesota? No Yes

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

If Yes, identify the date the license was issued, the issuing city, and the license number:

AS PART OF THE APPLICATION, PLEASE PROVIDE TO THE MJUA COPIES OF THE APPLICANT'S CURRENT, VALID LICENSE AND COPIES OF ALL VALID DRIVER'S LICENSES FOR ALL OWNERS, STAFF AND DRIVERS OF PEDICABS.

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.

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?

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.

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

The applicant agrees, represents and warrants that the statements and information contained in the application for insurance, including all statements, information and document 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 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.

Applicant's Signature: _____ Date: _____

Witness Signature: _____ Date: _____

<p>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.</p>

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.

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

**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