

MINNESOTA JOINT UNDERWRITING ASSOCIATION  
12400 PORTLAND AVE S, STE 190  
BURNSVILLE, MN 55337  
1-800-552-0013 OR 952-641-0260  
FAX: 952-641-0274  
[www.mjua.org](http://www.mjua.org)

**School Leaders Liability Application  
Professional and General Liability  
Claims Made Form**

1. Name of Applicant: \_\_\_\_\_

2. Address of Applicant: \_\_\_\_\_  
\_\_\_\_\_

Key Contact (i.e., Risk Manager, Superintendent): \_\_\_\_\_

Key Contact E-Mail Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Agent/Broker: \_\_\_\_\_ Agent/Broker Phone: \_\_\_\_\_

Agent/Broker Address: \_\_\_\_\_

3. Prior Carrier: \_\_\_\_\_ Premium: \_\_\_\_\_

4. Type of School (Check all that apply).

- Elementary/Primary School  Middle/Junior High School  Secondary/High School  
 Charter School  Special Education Facility  Public Institution  Private Institution  
 Special Education  Magnet School

5. Locations and brief description of each location (attach list of additional locations if needed):

- A. \_\_\_\_\_ B. \_\_\_\_\_  
C. \_\_\_\_\_ D. \_\_\_\_\_

6. Please Provide Number of Students Enrolled:

Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Pre-School \_\_\_\_\_ Total \_\_\_\_\_

7. Please Provide Number of Staff:

Full Time Instructors \_\_\_\_\_ Part Time Instructors \_\_\_\_\_ Administrative Personnel \_\_\_\_\_

Other non-instructional employees \_\_\_\_\_ Independent Contractors \_\_\_\_\_ Volunteers \_\_\_\_\_

Elected/Appointed Board Members \_\_\_\_\_ Student Teachers/Interns \_\_\_\_\_ Total \_\_\_\_\_

8. Is the applicant's school accredited?  Yes  No  
If yes, list accrediting organization: \_\_\_\_\_

9. Has the school or any of the academic programs ever lost accreditation, been placed on probation or become unable to gain accreditation?  Yes  No  
If yes, provide details: \_\_\_\_\_

10. Does the applicant currently carry similar school or management liability insurance?  Yes  No  
Name of Company: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_ Limits: \_\_\_\_\_ Retention: \_\_\_\_\_ Premium: \_\_\_\_\_

11. Has similar school or management liability insurance ever been declined, cancelled or non-renewed?  
 Yes  No  
If "Yes", please attach explanation.

12. Operations:  
 Yes  No A. Does the School District have a written administrative procedure to assure compliance with the federal law pertaining to student records – right of privacy?  
 Yes  No B. In the last 3 years has the School District been involved in any disputes regarding integration, segregation, or school busing? If yes, please explain.  
\_\_\_\_\_  
 Yes  No C. Has any School been closed or School Activities disrupted during the past three years due to Student or Teacher strikes or actions?  
 Yes  No D. Does the School District have special education programs and/or facilities for the developmentally, mentally, emotionally, or physically disabled? If no, describe where and/or who manages these programs/facilities. \_\_\_\_\_  
\_\_\_\_\_  
 Yes  No E. Does the School District have written policies and procedures for the following as they pertain to Students?  
 Yes  No Suspension?  
 Yes  No Expulsion?  
 Yes  No Corporal Punishment?  
 Yes  No Possession of Weapons?  
 Yes  No Drug Testing and Searches?  
 Yes  No Sexual Misconduct?  
 Yes  No Bullying?  
 Yes  No Hazing?  
 Yes  No Harassment?  
 Yes  No Locker/Student Searches?  
 Yes  No Does the School District have a written Student Handbook? If, yes, please provide a copy.  
 Yes  No F. Has the School District established written guidelines for reporting and investigating allegations of harassment (including sexual harassment) brought by students?  
 Yes  No G. Has the School District developed written guidelines for reporting instances of suspected child abuse to proper authorities?

13. Employment Practices and Procedures:

- Yes  No A. Does the insured have a human resources coordinator or someone responsible for employment matters?
- Yes  No B. Does the insured have a written Employment Manual or Employee Handbook including all personnel policies and procedures? If, yes, please provide a copy.
- Yes  No Is the manual/handbook distributed to all employees?
- Yes  No C. Does the manual/handbook include a reservation of rights to change/modify/terminate policies?
- Yes  No D. Does the manual/handbook require employees to sign a receipt acknowledging they have received and understand the manual/handbook?
- Yes  No E. Is the manual reviewed by counsel experienced and qualified in employment law?
- Yes  No F. Does the insured have a written policy with respect to sexual and non-sexual harassment?
- Yes  No G. Does the insured have a formal written procedure for employee disputes/complaints?
- Yes  No H. Does the insured have a written progressive disciplinary procedure?
- Yes  No I. Have any complaints been filed with the EEOC within the last 3 years? If yes, explain. \_\_\_\_\_
- Yes  No J. Has any employee, former employee, or job applicant made claim against the School District for this insurance or any of its officials or employees within the past three years alleging unfair or improper treatment in connection with any job? If, yes, explain. \_\_\_\_\_
- Yes  No K. Has any official or employee been involuntarily dismissed from employment in the past 3 years or are any staff reductions anticipated in the next twelve months? If yes, explain. \_\_\_\_\_
- Yes  No L. Does the School District consult with its Human Resources Department or outside counsel prior to dismissing any employee?
- Yes  No M. Are criminal background checks required on all employees, volunteers and Independent contractors?
- Yes  No N. Are employee terminations reviewed by legal counsel?

14. Proposed: Effective date: \_\_\_\_\_ End date: July 1<sup>st</sup> (Common Renewal Date)

Limit per occurrence: \$ \_\_\_\_\_ Aggregate Limit: \$ \_\_\_\_\_

Deductible: \$ \_\_\_\_\_

15. Current Budget: \$ \_\_\_\_\_

16. List all incidents within the past five (5) years involving the entity, employees, student teachers or volunteers **that have not yet resulted in a charge, complaint or claim, but may be reasonably expected to result in a claim.** (Please attach a separate sheet if necessary).

Incident History

Date of Incident	Description of Incident	Status

17. List all claim within the past five (5) years including complaints, charges, administrative proceedings, due process hearings, and lawsuits involving the entity, employees, student teachers or volunteers.(Please attach a separate sheet if necessary).

**Loss History**

Enter all claims or occurrences that may give rise to claims for the prior 5 years <input type="checkbox"/> Check here if none <input type="checkbox"/> See attached loss summary						
Date of Occurrence	Line	Type/Description of Occurrence or Claim	Date of Claim	Amount Paid	Amount Reserved	Open/ Closed

Does the applicant conduct any activities outside the state of Minnesota for which the applicant is obtaining 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 which the applicant is obtaining 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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

***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.*

Signature of Agent: \_\_\_\_\_ Date: \_\_\_\_\_

Agent: \_\_\_\_\_ Agency: \_\_\_\_\_

Agency Address: Street: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Agent Phone: \_\_\_\_\_ Agent Fax: \_\_\_\_\_

Agent Email: \_\_\_\_\_ Agency Fed Tax ID: \_\_\_\_\_