

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

**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 1st (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: _____

**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 | office: 952-641-0260 | fax: 952-641-0274 | www.mjua.org