

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 Renewal Application
Professional and General Liability
Claims Made Form**

1. Name of Insured: _____

2. Address of Insured: _____

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. Please Provide Number of Students Enrolled:

Full Time _____ Part Time _____ Pre-School _____ Total _____

6. 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 _____

7. Is the insured's school accredited? Yes No

If yes, list accrediting organization: _____

8. Has the school or any of your academic programs ever lost accreditation, been placed on probation or become unable to gain accreditation? ___ Yes ___ No

If yes, provide details: _____

9. 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?

10. 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?

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

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

Deductible: \$ _____

12. Current Budget: \$ _____

13. 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

14. 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 <input type="checkbox"/> Insured with MJUA for prior 5 years/loss run on file						
Date of Occurrence	Line	Type/Description of Occurrence or Claim	Date of Claim	Amount Paid	Amount Reserved	Open/ Closed

15. Does the insured conduct any activities outside the state of Minnesota for which the insured is obtaining insurance from MJUA?
_____ No _____ Yes

If Yes, identify the percentage amount of the insured's activities conducted outside the state of Minnesota; the states in which those activities are conducted; and describe such activities.

16. Is the insurance which the insured 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.

17. Does the insured understand that the insurance obtained through the MJUA 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 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 Insured 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

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