

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

Application for Claims-Made Coverage – Watershed District Public Official Liability Insurance

1. Name of Watershed District: \_\_\_\_\_
2. Address: \_\_\_\_\_
3. Phone: (\_\_\_\_) \_\_\_\_\_
4. Agent/Agency: \_\_\_\_\_
5. Agent Phone: \_\_\_\_\_
6. Date first organized: \_\_\_\_\_
7. Present Population: \_\_\_\_\_
8. Funding & Budget:

A. Indicate the sources of funds for district administration and projects, as percentages of total funds, during the current year:

_____ % watershed district	_____ % federal	_____ % state
_____ % county	_____ % city	_____ % fees
_____ % special assessments	_____ % other: _____	

B. Current Budget: \_\_\_\_\_ Proposed Budget: \_\_\_\_\_

9. Total Number of Employees: \_\_\_\_\_
10. Total amount of outstanding bonds \$ \_\_\_\_\_

Latest Moody's and/or Standard and Poor's Bond Rating \_\_\_\_\_

Have any bond proposals even been defeated or has the municipality been in default on principal or interest of any bond? \_\_\_\_\_ If so, for what reason?

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For the most recent year indicate the amount of total expenditures that were used for capital improvements, new construction, or major improvements. \$ \_\_\_\_\_

11. Within the last five years, has the district been the subject of any investigation, complaint, or civil or criminal penalty by or from any state or federal regulatory or law enforcement agency? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, fully describe on separate pages.

12. Itemize and fully describe the circumstances surrounding and the outcome of any claim made during the last five years against any director, officer, or employee (including volunteer employees) which would come within the scope of the insurance now being applied for. Include amount of the claim, the amount of loss actually paid, and the amount of adjusting and defense costs. Attach additional pages if necessary.

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13. Does any board manager or employee have any knowledge of any negligent act, error, or omission that could reasonably be expected to give rise to a claim against him, her or the district. Yes \_\_\_ No \_\_\_ If yes, fully describe. Attach additional pages.

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14. Current and prior public officials insurance

Insurer	Policy Period	Limits	Deductible	Annual Premium

15. Please attach a copy of most recent public officials policy.

16. Limits of liability sought: \_\_\_\_\_

17. Does the public utility carry primary general liability insurance? Yes \_\_\_\_\_ No \_\_\_\_\_  
Limits \_\_\_\_\_ Carrier \_\_\_\_\_

Does the coverage include personal injury? Yes \_\_\_\_\_ No \_\_\_\_\_

Does the coverage include discrimination? Yes \_\_\_\_\_ No \_\_\_\_\_

18. No fact, circumstance or situation indicating the probability of a claim or action against which indemnification is or would be afforded by the proposed insurance is now known to any official or member of this entity except as follows: (if answer is no, so state)

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19. It is agreed by all concerned that if there be knowledge of any such fact, circumstance or situation of any claim or action subsequently emanating there from shall be excluded from coverage under the proposed insurance.
20. The following official or employee of the public entity is authorized and designated to receive any notices from the company or its authorized representative concerning this insurance: \_\_\_\_\_
21. It is understood that the coverage provided the watershed district applies only to its obligation to indemnify board managers, and now coverage is provided for suits brought directly against the district? Yes \_\_\_ No \_\_\_
22. Does the district
- A. Render any professional services Yes \_\_\_ No \_\_\_  
If yes, indicate nature: \_\_\_\_\_
  - B. Pay per diems to district board members? Yes \_\_\_ No \_\_\_  
If yes, amount: \_\_\_\_\_
  - C. Establish suggested fee for services supplied? Yes \_\_\_ No \_\_\_
  - D. Allocate or award funds to other agencies or organizations? Yes \_\_\_ No \_\_\_
  - E. Administer or endorse a profit or savings plan for employees? Yes \_\_\_ No \_\_\_
  - F. Promote or endorse any group insurance plans? Yes \_\_\_ No \_\_\_
23. Have any of the following situations occurred within the last three years?
- A. Appropriate or condemnation of for which agreed settlements have not yet been achieved? Yes \_\_\_ No \_\_\_
  - B. Improper or alleged wrongful granting of variances, building permits or similar grants or zoning disputes? Yes \_\_\_ No \_\_\_
  - C. Wrongful or alleged wrongful approval of building plan, designs or specifications? Yes \_\_\_ No \_\_\_
  - D. Wrongful or alleged wrongful approval of building construction? Yes \_\_\_ No \_\_\_
  - E. Allegation of unfair or improper treatment regarding employee Hiring, remuneration, advancement or termination of employment? Yes \_\_\_ No \_\_\_
  - F. Disputes involving integration, segregation, discrimination or violation of civil rights? Yes \_\_\_ No \_\_\_

G. Any grand jury or indictments of any public official? Yes \_\_\_ No \_\_\_

H. Assault and battery claims made against the municipality or its officials? Yes \_\_\_ No \_\_\_

I. Any riot or civil commotion in the past three years? Yes \_\_\_ No \_\_\_

If any answers to the above are yes, give full details on separate pages.

25. Any district board members bonded by the district? Yes \_\_\_ No \_\_\_  
If so, list bond amount and surety company providing bond:

\_\_\_\_\_

26. Number of mills currently levied by the watershed district, excluding special assessments? \_\_\_\_\_

27. Estimated amount of additional revenue that could be generated annually by levying the legal maximum levy in the district: \_\_\_\_\_

28. Number of property owners in the district now subject to special assessments: \_\_\_\_\_

29. Has the MN Water Resources Board ever arbitrated any disputes involving The district? Yes \_\_\_ No \_\_\_ If yes, explain on additional pages.

30. Number of staff employed by district: Part time \_\_\_\_\_ Full time \_\_\_\_\_

31. Does the district employ any fulltime engineers? Yes \_\_\_ No \_\_\_

To this application the following must be attached:

- a. Complete list of all district officers and directors, their appointing authorities and terms of office.
- b. District Plan of Operation
- c. Two latest annual reports or CPA audits of the district. (If the following information is not included in the annual report, please attach: a list of current projects and activities, including the revenues and expenses associated with each.)

Comments:

Note: Every manager of the watershed district board must sign this application.

The undersigned hereby declare that they are officers or directors of the organization and that the statements that are set forth in this application are true.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

***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.

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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.

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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: \_\_\_\_\_

**MINNESOTA JOINT UNDERWRITING ASSOCIATION**

**POLICYHOLDER DISCLOSURE**

**NOTICE OF TERRORISM INSURANCE COVERAGE**

Coverage for acts of terrorism is included in your policy. You are hereby notified that under the Terrorism Risk Insurance Act, as amended, you have a right to purchase insurance coverage for losses resulting from acts of terrorism. As defined in *Section 102(1) of the Act*: The term "act of terrorism" means any act or acts that are certified by the Secretary of 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 of the United States in the case of certain air carriers or vessels or the premises of the 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 85% THROUGH 2015; 84% BEGINNING ON JANUARY 1, 2016; 83% BEGINNING ON JANUARY 1, 2017; 82% BEGINNING ON JANUARY 1, 2018; 81% BEGINNING ON JANUARY 1, 2019 AND 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 IN ANY ONE CALENDAR YEAR EXCEEDS \$100 BILLION. 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 0%, 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.

\_\_\_\_\_  
Applicant Name (Print)

\_\_\_\_\_  
Policyholder/Applicant Signature

\_\_\_\_\_  
Named Insured

\_\_\_\_\_  
Policy Number, if applicable

\_\_\_\_\_  
Date