

# Motorized Vehicle Liability Insurance Application

JCI Minnesota has a \$1,000,000 general liability motorized vehicle inclusion policy with the agency Insurance By Design which runs for September 22, 2017 to September 22, 2018.

## Chapter Requirements

- ✓ All accounts receivable must be paid up to date.
- ✓ In addition to the application, you must include an outline of your event that includes safety procedures and the layout of the event.
- ✓ Chapters are responsible for the per occurrence deductible, which may be up to \$2,500.
- ✓ Failure to comply with any of these stipulations will result in non-coverage of the event and loss of “good-standing” status of your chapter. Chapters not in good standing are ineligible to vote or receive awards.

## Process to Apply

- ✓ Email your application to [insurance@mnjaycees.org](mailto:insurance@mnjaycees.org) and mail your cost-sharing fee to the Chapter Service Center. Please allow 30 days to process; email [insurance@mnjaycees.org](mailto:insurance@mnjaycees.org) right away if you need something short notice.
  - Questionnaire for each known event (make sure to indicate if you need another entity named as an additional insured, i.e. Chamber, City, another nonprofit, etc).
  - Check issued with application to cover your share of the cost for the motorized vehicle general liability. Cost-Sharing Fee is per single event. **\*\*NOTE:** You must pay the cost-sharing fee for the insurance before the certificate will be issued.

## Questions and Contacts

For questions regarding this policy or to request a certificate of insurance please contact the Executive Director at [insurance@mnjaycees.org](mailto:insurance@mnjaycees.org) to start the process.

If you have specific questions about how to set up your event properly and how to manage your motorized vehicle liability insurance, you can contact our insurance agent at: Insurance By Design, Lu Ann Paulet, 952-808-7005, [luannp@insurancedesign.net](mailto:luannp@insurancedesign.net).

Please return this completed form, requested attachments, and the cost-sharing fee to:  
JCI Minnesota, 1405 Lilac Drive N, Suite 125, Golden Valley, MN 55422

**Fees will be set as a \$500 flat single event fee.**

**Name of Chapter** \_\_\_\_\_

**Address** \_\_\_\_\_

**Name/Title of Person Completing Application** \_\_\_\_\_

**Phone Number** \_\_\_\_\_ **E-Mail (write clearly)** \_\_\_\_\_

**Name of Event** \_\_\_\_\_

**Date(s) of Event** \_\_\_\_\_ **Estimated Attendance** \_\_\_\_\_

*The signature of the chapter president or other designated chapter member signifies that you have read and agree to the above stipulations and agree to comply with each.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name/Title

\_\_\_\_\_  
Date

### **Please attach the following with the application:**

- ✓ Include an outline/description of event, including safety procedures and anything you are doing to protect the safety of attendees.
- ✓ List any “Certificate Holders” or “Additional Insureds” needed and indicate where to send certificates to.
- ✓ Include the signatures of the chapter president and one other chapter officer on your outline of the event.



## ADDITIONAL INSURED AGREEMENT

*Please complete this form and submit with any insurance request that requires an entity to be listed as an additional insured. Contact the Executive Director ([insurance@mnjaycees.org](mailto:insurance@mnjaycees.org)) with any questions.*

DATE: \_\_\_\_\_

It is agreed that the \_\_\_\_\_ Jaycees are participating in the following event and agree to add \_\_\_\_\_ as an Additional Insured to the current general liability policy.

NAME OF EVENT: \_\_\_\_\_

DATE OF EVENT: \_\_\_\_\_

\_\_\_\_\_  
Chapter Contact

\_\_\_\_\_  
Date

\_\_\_\_\_  
Additional Insured Contact

\_\_\_\_\_  
Date