

**STATE OF MINNESOTA  
RISK MANAGEMENT DIVISION**

**PACKAGE APPLICATION  
(NEW OR RENEWAL)**

**Dates of Coverage: 07/01/2014 to 07/01/2015**

**For best results, Use the TAB Key to move to each highlighted area, which is to be completed.**

State Agency/Insured

Name Changes or Consolidation  Yes  No (If yes, advise above)

Contact Name

Title

Mailing Address

City  State MN

Zip

Telephone  Fax

Internet/E-mail Address

Risk/Safety Coordinator (name)

Phone  E-mail

**SOLE AUTHORITY**

**The Risk Management Fund Claims Department will have sole authority with respect to the adjustment, coverage evaluation, and valuation of losses.**

## Section A: Property and Boiler & Machinery Coverage

1) Total Replacement Property Values, including Buildings, Contents, and Business Income limit.

*Make needed changes to expiring schedule (see attachment).*

\$

2) New construction planned over next 12 months? If yes, attach narrative description of project, construction cost, and period of construction (start and end dates).

**Remember to tell us when construction is complete so the newly constructed property can be added to the policy.**

Yes

No

3) A Hot Work Program is required when any grinding, welding or cutting is done. Do you have a written Hot Work Program in place for insured buildings?

Yes

No

4) Property Deductible per Occurrence

- Select One
- \$500
- \$1,000
- \$2,500
- \$5,000
- \$10,000
- \$25,000
- \$50,000
- \$75,000
- \$100,000
- \$250,000

## Section B: Inland Marine

If you desire to insure all of your Inland Marine coverages at the same deductible level as the Property, disregard Section B and include the Inland Marine values as contents on the Property schedule.

Coverages included in the Risk Management Fund Property Program at the selected property deductible are also available at separate lower deductible options. The reporting for these coverages will be on an annual basis, except for newly acquired property that exceeds 10% of the current value. It should be reported within 30 days of acquisition.

### Coverage Requested

<input type="checkbox"/>	Fine Arts:	(Owned)
		*(Non-owned)
<input type="checkbox"/>	Computer Equipment	
<input type="checkbox"/>	Scoreboards	
<input type="checkbox"/>	Contractors Equipment	
<input type="checkbox"/>	Radio, TV, & Camera Equipment	
<input type="checkbox"/>	Musical Instruments	
<input type="checkbox"/>	Other (describe)	

### Total Value

\$	
\$	
\$	
\$	
\$	
\$	
\$	
\$	

### Deductible (select)

\$	Select

**For each coverage checked, attach a schedule of the owned/leased property including values. If a schedule is not provided, losses will be subject to the Property deductible. PLEASE TOTAL THE LIST OF VALUES SHOWN ON EACH SCHEDULE.**

**\*Fine Arts (Non-owned): Values should represent an estimate of the value of non-owned exhibits on display at any one time.**

**Section C: General Liability**  
**(COMPLETE ONLY IF GENERAL LIABILITY COVERAGE IS DESIRED)**

- |                                                                                                                      |                                                                 |
|----------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|
| 1) Square foot area of occupied space                                                                                | <input type="text"/>                                            |
| 2) Number of employee/volunteer FTEs                                                                                 | <input type="text"/>                                            |
| 3) Number of students (FTEs) <u>by campus</u> <b>(SCHOOLS ONLY)</b>                                                  | <input type="text"/>                                            |
| 4) Number of teachers (FTEs) <u>by campus</u> <b>(SCHOOLS ONLY)</b>                                                  | <input type="text"/>                                            |
| 5) Total number of students <u>by campus</u> <b>(SCHOOLS ONLY)</b>                                                   | <input type="text"/>                                            |
| 6) Do any restaurants, bars, pubs, clubs, or concessions on your premises or under your ownership sell beer or wine? | <input type="checkbox"/> Yes <input type="checkbox"/> No        |
| 7) Does your premises have any security guards?                                                                      | <input type="checkbox"/> Yes <input type="checkbox"/> No        |
| If Yes...                                                                                                            |                                                                 |
| Are they contracted or state employees?                                                                              | <input type="checkbox"/> Yes <input type="checkbox"/> No        |
| Are they armed or unarmed?                                                                                           | <input type="checkbox"/> Select <input type="checkbox"/> Select |
| 8) Do you offer childcare?                                                                                           | <input type="checkbox"/> Yes <input type="checkbox"/> No        |
| If Yes...                                                                                                            |                                                                 |
| What is the maximum capacity?                                                                                        | <input type="text"/>                                            |
| Operated by private vendor?                                                                                          | <input type="checkbox"/> Yes <input type="checkbox"/> No        |
| 9) Is Public Officials' Liability desired?                                                                           | <input type="checkbox"/> Yes <input type="checkbox"/> No        |

**Section D: Crime Coverage**

- 1) \$25,000 Employee Dishonesty coverage is included in the Property Program  
I wish to increase limits to:
- \$100,000  
 \$500,000  
 \$1,000,000
- 2) \$25,000 Money & Securities coverage is included in the Property Program  
I wish to increase limits to:
- \$100,000  
 \$500,000  
 \$1,000,000

If you have elected to increase the Crime limits, please contact our office for an Excess Crime application and we will provide a quotation. If you currently have a separate Excess Crime policy in place through the Risk Management Division, we have already forwarded the Crime applications to you under separate cover (on an "as needed" basis) for the renewal.

**Section E: Cyber Coverage**

- 1) \$25,000 Cyber Asset and Income coverage is included in the Property Program
- 2) \$100,000 Cyber Liability Coverage is included in the General Liability Program

If larger Cyber limits are desired, please contact the Risk Management Division.

## Section F: Garagekeepers Legal Liability Coverage (GKLL)

If your institution is involved in Transportation, Mechanical and related programs and has automobiles or related property in its care, custody and control, (e.g., auto repair, parking garage), Garagekeepers Legal Liability is needed. The institution could be held legally responsible for individuals' vehicles, trucks, farm tractors, and implements or other similar equipment you work on or that is in your care, custody and control.

For coverage, complete Form CC-2 Garagekeepers Legal Liability. Identify each location where these operations are carried out, the Limit of Liability desired, the maximums and average number of autos expected during the year, and the annual receipts expected during the year. In order to select the appropriate limit, use the maximum values you may have in your care, custody and control at any one time at each location.

### Form CC-2 Garagekeepers Legal Liability

Complete this form only if you require Garagekeepers Legal Liability insurance. If you do not have garage operations it is not necessary to complete this form.

Location	Address	Limit of Liability (\$)	Number of Autos Maximum/ Average	Gross Receipts (\$)
1				
2				
3				
4				
5				

Comprehensive and Collision Coverage

Coverage Provided on Legal Liability Basis

Deductible: \$500 per Auto/\$5,000 Maximum Deductible per Loss

- Exclusions:
- Contract Liability
  - Intentional or Expected Loss
  - Dishonest Acts
  - Defective Parts and Faulty Work
  - Loss to tape decks, other sound equipment, sound receiving equipment, CB radios, antennas and other accessories unless permanently installed in a covered auto
  - Radar Detection Equipment, tapes, records, CDs, DVDs or other devices designed for use with sound reproducing equipment whether installed or not.

## FY2015 Business Income Worksheet

TIP: Business Income and Extra Expense are very valuable coverages!  
Completing this worksheet will allow you to determine the appropriate limit for your operation.

Insured:

Date:

Location(s):

*Note: Agency financial statements can be useful in helping you project the following for FY2015.*

	(\$)	(\$)
+ <b>REVENUE</b> (all sources except state appropriations)		
<b>STATE APPROPRIATIONS</b>		
- <b>DEDUCTIONS</b> (ALL expenses that will not continue during business suspension)		
<i>Consider that DEDUCTIONS oftentimes represent about 20 percent of annual expenses.</i>		
<i>Note: Bargaining agreements frequently require salaries to continue during business suspension.</i>		
<b>BUSINESS INCOME</b>		-
- <b>BUSINESS INCOME COVERAGE INCLUDED AT NO CHARGE</b>		500,000
<b>BUSINESS INCOME POLICY LIMIT (ADDITIONAL)</b>		(500,000)

*Note: The policy includes Business Income/Rental Income at \$500,000 per agency/insured. Additional limits may be purchased. The Property rate is used to determine the premium for the additional limits (refer to Package Rates FY2015). Completion of this worksheet is required if additional limits are desired.*

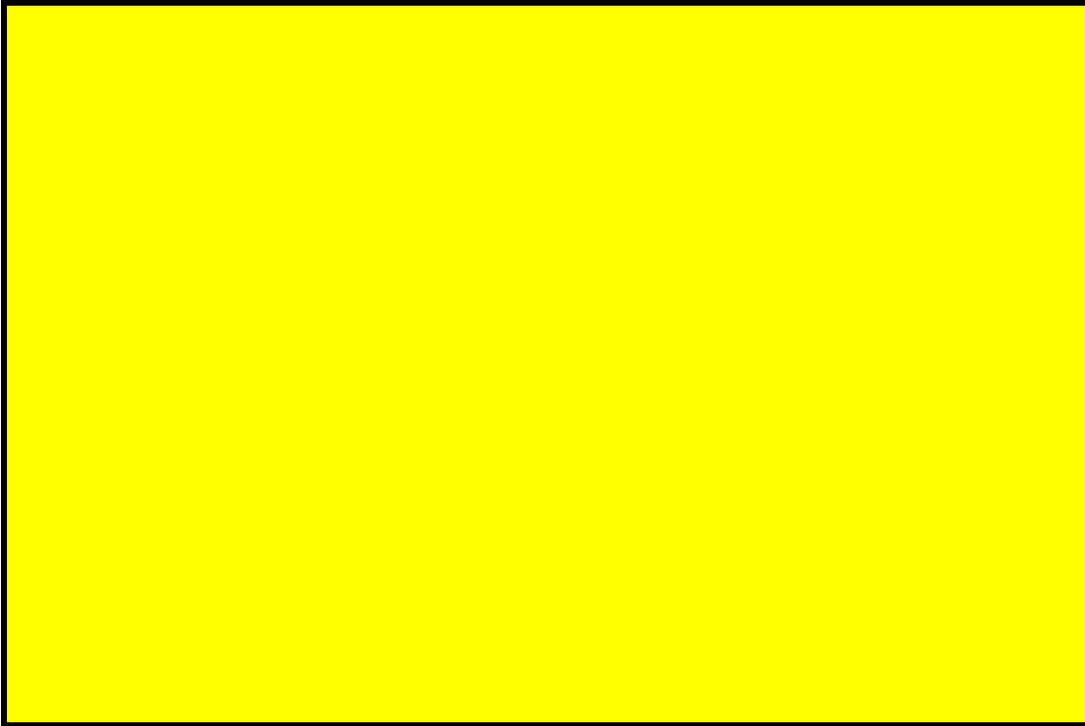
**ANNUAL EXPENSES** (operating and non-operating)

**EXTRA EXPENSES** (Estimated expenses to avoid or minimize suspension of business and to continue operations)

*Note: The RMF master policy includes Extra Expense at \$75,000,000 per occurrence (combined for all insureds). Additional limits may be purchased. The Property rate is used to determine the premium for the additional limits (refer to Package Rates FY2015). Completion of this worksheet is required if additional limits are desired.*

## NOTES

(The space below is for your use in providing any additional information that you were unable to include in the application.)

A large yellow rectangular area with a black border, intended for providing additional information. The area is currently blank.

Please **Save** and **FORWARD** this application to the Risk Management Division at:  
[risk.management@state.mn.us](mailto:risk.management@state.mn.us) (*DO NOT REPLY*)