

Minnesota Joint Underwriting Association  
Pioneer P.O. Box 1760  
St. Paul, MN 55101  
1-800-552-0013 or 651-222-0484  
Fax: 651-222-7824

TRUTH-IN-HOUSING INSPECTORS APPLICATION  
General & Professional Liability

APPLICANT INFORMATION

1. Proposed insured: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Phone: \_\_\_\_\_

Agent name: \_\_\_\_\_

Agent phone: \_\_\_\_\_

2. The proposed named insured is:

Individual     Partnership     Joint Venture     Corporation     Other

3. Proposed: Effective date \_\_\_\_\_ Ending date \_\_\_\_\_

Limit per occurrence \_\_\_\_\_ Aggregate limit \_\_\_\_\_

4. Locations: (list each city that will require a certificate)

A. \_\_\_\_\_

B. \_\_\_\_\_

C. \_\_\_\_\_

D. \_\_\_\_\_

5. Years in Business: \_\_\_\_\_ Number of full time staff: \_\_\_\_\_ Part time: \_\_\_\_\_

Nature of business – including gross receipts, total payroll, number of units inspected  
In each of the last three years (attach most recent financial statement and other  
Supporting documents. Be as detailed as possible).

6. Anticipated number of inspections to be performed in the next year: \_\_\_\_\_

	Yes	No
7. Are you currently licensed in Minneapolis?	_____	_____
Expiration date ____/____/____		

Are you currently licensed in St. Paul?	_____	_____
Expiration date ____/____/____		

8. Do you make inspections in South St. Paul? \_\_\_\_\_

9. Charge per single family dwelling \_\_\_\_\_

Charge per duplex inspection \_\_\_\_\_

10. Do you engage in any other kind of professional service other than housing inspection? \_\_\_\_\_

**PRIOR CARRIER INFORMATION (Attach copy of most recent policy and application)**

Year	Carrier	Policy Number	Limits BI/PD	Annual Premium
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**LOSS AND CLAIM HISTORY (Attach further sheets if needed)**

Enter all losses and claims for the prior 5 years. If aggregates are provided, please indicate the number of claims and explain all claims exceeding \$5,000.

Date of loss: \_\_\_\_\_ Type of loss: \_\_\_\_\_

Amount paid: \_\_\_\_\_ Reserve: \_\_\_\_\_

Description: \_\_\_\_\_

Date of loss: \_\_\_\_\_ Type of loss: \_\_\_\_\_

Amount paid: \_\_\_\_\_ Reserve: \_\_\_\_\_

Description: \_\_\_\_\_

