

MINNESOTA JOINT UNDERWRITING ASSOCIATION
445 MINNESOTA ST SUITE 514
ST. PAUL, MN 55101
1 (800) 552-0013 or (651) 222-0484 fax: (651) 222-7824

Application for claims-made coverage.
Industrial Safety Consultant/Public Health Specialists

1. Name of Applicant: _____

Mailing Address: _____

- _____

Phone: (____) _____

2. Years Experience: _____

3. Provide a brief summary of education and professional experience (or attach resume.)

- _____

- _____

Attach additional sheets if necessary.

4. Are you a registered professional engineer? ___ Yes ___ No

5. Describe the services you render as a consultant. _____

- _____

- _____

Attach additional sheets if necessary.

6. Indicate the number of members of your staff in each category:

Professional _____ Technical _____ Clerical _____

7. Indicate your gross annual billings to client.

2002 (estimate) _____

2001 _____

2000 _____