

MINNESOTA JOINT UNDERWRITING ASSOCIATION
445 MINNESOTA STREET 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.

2010 (estimate) _____

2009 _____

2008 _____

8. The Proposed Named Insured is:

_____ Individual _____ Partnership _____ Other

_____ Joint Venture _____ Corporation _____

9. Proposed: Effective date _____ Ending date _____

Limit per occurrence _____ Aggregate limit _____

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:

ALL APPLICANTS MUST ANSWER THE FOLLOWING QUESTIONS.
("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 emission of any hazardous material or pollutant to the environment, including any responsibility to clean up any release; and does not cover and will not indemnify the applicant for liability or loss arising out of work or operations performed by the applicant or on the applicant's behalf, including materials, parts, or equipment furnished in connection with such work or operations.

No Yes

I, the undersigned, certify and attest 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

Signature of Applicant

Date