

Minnesota Joint Underwriting Association  
455 Minnesota Street Suite 514  
St. Paul, MN 55101  
1-800-552-0013 or 651-222-0484  
Fax: 651-222-7824

SEPTIC INSPECTORS APPLICATION  
General & Professional Liability  
Occurrence Form

APPLICANT INFORMATION

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

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

\_\_\_\_\_

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

Agency Name/Address: \_\_\_\_\_

\_\_\_\_\_

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: \_\_\_\_\_

7. Charge per inspections \_\_\_\_\_

8. Do you engage in any other kind of professional service other than septic  
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: \_\_\_\_\_

THE FOLLOWING QUESTIONS MUST BE ANSWERED BY ALL APPLICANTS.  
("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 products or completed 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

ONE LETTER OF REJECTION OR REFUSAL TO WRITE YOUR COVERAGE WITH A STANDARD INSURANCE CARRIER IS REQUIRED AS A PART OF THIS APPLICATION. YOUR APPLICATION WILL NOT BE CONSIDERED COMPLETE UNLESS THIS LETTER IS ATTACHED.