

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

SEPTIC INSPECTORS APPLICATION
General & Professional Liability
Claims-Made Form

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 inspections _____

10. 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.