

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

NURSING HOME APPLICATION GUIDELINES

Applicant must submit the following items:

1. Completed signed application
2. Loss runs for previous five years
3. Most current Department of Health reviews
4. Hard copy of the cancellation or non-renewal from current carrier. Reason for cancellation MAY NOT be requested by insured, either in writing or by choosing not to pay the premium. (In lieu of cancellation notice, evidence that the insured has NO coverage will be required.)
5. If risk is qualifying by price, a hard copy of the quote in excess of our rate from the COMPANY issuing the quote.