

MINNESOTA JOINT UNDERWRITING ASSOCIATION
12400 PORTLAND AVE S, STE 190
BURNSVILLE, MN 55337
1(800) 552-0013 OR 952-641-0260 FAX: 952-641-0274

2018-2019 RENEWAL APPLICATION

**COMPLETE SEPARATE FORM FOR EACH LOCATION. ATTACH CURRENT LICENSE(S)
AND INSPECTIONS(S) (if applicable) COPY OF DRIVERS LICENSE**

NAME AND MAILING ADDRESS OF INSURED _____ POLICY NUMBER: _____

COUNTY: _____

PHONE _____ EMAIL: _____ WEBSITE: _____

ADDRESS OF LOCATION (attach additional pages if necessary.)

CONTACT NAME: _____ PHONE: _____ EMAIL: _____

1. TYPE OF OPERATION FOR THIS LOCATION

- NURSING HOME/SKILLED CARE # OF LICENSED BEDS _____ CURRENT OCCUPANCY _____
- INTERMEDIATE CARE # OF LICENSED BEDS _____ CURRENT OCCUPANCY _____
 - RESIDENTIAL/ASSISTED LIVING # OF LICENSED BEDS _____ CURRENT OCCUPANCY _____
 - INDEPENDENT LIVING # OF LICENSED BEDS _____ CURRENT OCCUPANCY _____
 - OTHER: _____ # OF LICENSED BEDS _____ CURRENT OCCUPANCY _____
 - ADULT DAY CARE # OF CLIENTS _____
 - FOSTER CARE HOME D # OF CLIENTS _____ Adult Home or Child Home (circle one)
 - HCBS 245 D # OF CLIENTS _____ Adult Home or Child Home (circle one)

2. TOTAL SQUARE FOOTAGE OF BUILDING FOR THIS LOCATION _____

3. IF THIS IS A HOME HEALTH CARE/NURSING SERVICES FACILITY PLEASE COMPLETE THE FOLLOWING:

INDICATE THE NUMBER OF PERSONNEL

- a) MD'S DAY _____ NIGHT _____
- b) RN'S DAY _____ NIGHT _____
- c) LPN'S DAY _____ NIGHT _____
- d) PSYCHOLOGISTS _____
- e) THERAPISTS _____
- f) COUNSELORS _____

INSURANCE AGENT CONTACT INFORMATION

NAME/AGENCY _____

ADDRESS _____

CITY/STATE/ZIP _____

PHONE _____ FAX _____ EMAIL _____

AGENCY FEDERAL TAX ID NUMBER: _____