

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

2020- 2021 RENEWAL APPLICATION

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

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 # OF CLIENTS \_\_\_\_\_ Adult Home or Child Home (circle one)
- HOME HEALTH CARE # OF PCA COMPLETE BELOW \_\_\_\_\_

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 \_\_\_\_\_
- g) PCA \_\_\_\_\_

**SIGNATURES**

I declare to the best of my knowledge that all statements here in are true and no material facts have been suppressed or misstated. I am also aware that my operation may be inspected by the insurance company.

Insured's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Agent: \_\_\_\_\_ Date: \_\_\_\_\_  
Agent: \_\_\_\_\_ Agency: \_\_\_\_\_  
Agency Address: Street: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Agent Phone: \_\_\_\_\_ Agent Fax: \_\_\_\_\_  
Agent Email: \_\_\_\_\_ Agency Fed Tax ID: \_\_\_\_\_

