

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

**Renewal Application – Watershed District Public Official Liability Insurance**

INSURED INFORMATION

Policy Number: \_\_\_\_\_

1. Named Insured : \_\_\_\_\_

2. Address: \_\_\_\_\_

\_\_\_\_\_ County: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Website: \_\_\_\_\_

3. Funding & Budget:

A. Indicate the sources of funds for district administration and projects, as percentages of total funds, during the current year:

\_\_\_\_\_ % watershed district          \_\_\_\_\_ % federal          \_\_\_\_\_ % state

\_\_\_\_\_ % county          \_\_\_\_\_ % city          \_\_\_\_\_ % fees

\_\_\_\_\_ % special assessments          \_\_\_\_\_ % other: \_\_\_\_\_

B. Current Budget: \_\_\_\_\_ Proposed Budget (7/1/2024-7/1/2025): \_\_\_\_\_

4. Describe the organization, operations, and activities: \_\_\_\_\_

\_\_\_\_\_

**MINNESOTA JOINT UNDERWRITING ASSOCIATION STATUTE REQUIREMENTS**

Does the insured conduct any activities outside the state of Minnesota for which the insured is obtaining insurance from MJUA?

\_\_\_\_\_ No \_\_\_\_\_ Yes

If Yes, identify the percentage amount of the applicant's activities conducted outside the state of Minnesota; the states in which those activities are conducted; and describe such activities.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is the insurance for which the insured is obtaining for from MJUA required by statute, ordinance, or otherwise required by Minnesota law?

\_\_\_\_\_ No \_\_\_\_\_ Yes

If Yes, identify the statute, ordinance, or Minnesota law requiring such insurance.

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Does the insured understand that the insurance obtained through the MJUA does not cover, and will not indemnify, the insured for any liability or loss arising from the insured's activities that are conducted substantially outside the state of Minnesota, unless required by statute, ordinance, or otherwise required by Minnesota law.

\_\_\_\_\_ No \_\_\_\_\_ Yes

### 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: \_\_\_\_\_

### Agent

Agent Name: \_\_\_\_\_ Agent's Email Address: \_\_\_\_\_

Agency: \_\_\_\_\_ Agent's Phone Number: \_\_\_\_\_

Agency Address: \_\_\_\_\_

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Agent Signature: \_\_\_\_\_ Date: \_\_\_\_\_