

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 (7/1/2025-7/1/2026): _____

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.

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: _____

Agent Signature: _____ Date: _____