

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

Directors and Officers Liability Insurance Renewal Application

INSURED INFORMATION

Policy Number: _____

1. Named Insured: _____

2. Address: _____

County: _____ Phone: _____ Email: _____

3. Function of organization: _____

4. Is the organization affiliated in any way with any company operating for profit? _____
If yes, identify and describe nature of affiliation.

5. Within the last five years, has the organization been the subject of any investigation, complaint, or civil or criminal penalty by or from any State or Federal regulatory or law enforcement agency? _____
If yes, fully describe on separate pages.

6. Federal income tax status: _____

7. Funding and Budget:

A. Indicate the organization's sources of funds, as percentages of total funds, during the current year:

_____ % Federal _____ % Dues _____ % State _____ % Fees _____ % City/County

_____ % Contributions _____ % Other: _____

B. Current Budget: _____ Proposed Budget (7/1/26-7/1/27): _____

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 insured'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 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: _____