

Minnesota Joint Underwriting Association
12400 Portland Ave S, Suite 190
Burnsville, MN 55337
1-800-552-0013 or 952-641-0260
Fax: 952-641-0274
www.mjua.org

NON-PROFIT COMMERCIAL GENERAL LIABILITY INSURANCE
RENEWAL APPLICATION
CLAIMS MADE INSURANCE

INSURED INFORMATION

Policy Number: _____

1. Named insured: _____

Mailing address: _____

City, State, Zip: _____ County: _____

Phone: _____ Email: _____

2. Is your organization a nonprofit 501(c) tax-exempt entity? Yes No
If no, explain: _____

3. Locations and brief description of each location:

A. _____ B. _____

C. _____ D. _____

4. Description of Primary Operations: _____

5. Years in Business: _____ Number of full time staff: _____ Part time: _____

6. Gross Receipts: _____ Estimated Annual Payroll: _____

7. Number of Clients: _____ Budget: _____ Square Footage: _____

8. Website Address: _____

In order to better evaluate the exposures of the business, please provide the following information:

____ Brochure, annual report, newsletters, financial statement, etc.

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: _____

Signature of Agent: _____ Date: _____

Agent: _____ Agency: _____

Agency Address: Street: _____

City, State, Zip: _____

Agent Phone: _____ Agent Fax: _____

Agent Email: _____ Agency Fed Tax ID: _____