

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  
[www.mjua.org](http://www.mjua.org)

CAREER FIDUCIARY RENEWAL APPLICATION  
PROFESSIONAL LIABILITY AND GENERAL LIABILITY  
CLAIMS MADE FORM

INSURED INFORMATION

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

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

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

3. County: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

4. If the named insured is not an individual, list the names of each Career Fiduciary that is insured by this policy (add additional sheets if necessary).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Total number of cases in which you and your employees expect to serve as Career Fiduciaries during the next twelve months: \_\_\_\_\_

6. Indicate desired deductible option:

\$1,000 (Standard)       \$2,500 (15% discount)

7. The MJUA policy defines "Career Fiduciary" as a person or organization appointed by the court to serve as a guardian, trustee, executor or other similar capacity. Are you appointed by the court to serve as a guardian, trustee, executor or other similar capacity?

No       Yes

\_\_\_\_\_  
\_\_\_\_\_

8. 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.

\_\_\_\_\_

9. 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.

\_\_\_\_\_

10. 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: \_\_\_\_\_