

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

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: _____