

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: \_\_\_\_\_

\_\_\_\_\_

**MINNESOTA JOINT UNDERWRITING ASSOCIATION**

**POLICYHOLDER DISCLOSURE**

**NOTICE OF TERRORISM INSURANCE COVERAGE**

UNDER YOUR COVERAGE, ANY LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT UNDER A FORMULA ESTABLISHED BY THE TERRORISM RISK INSURANCE ACT, AS AMENDED. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THE FORMULA, THE UNITED STATES GOVERNMENT GENERALLY REIMBURSES 85% THROUGH 2015; 84% BEGINNING ON JANUARY 1, 2016; 83% BEGINNING ON JANUARY 1, 2017; 82% BEGINNING ON JANUARY 1, 2018; 81% BEGINNING ON JANUARY 1, 2019 AND 80% BEGINNING ON JANUARY 1, 2020, OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE.

THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A \$100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.

The portion of your annual premium that is attributable to coverage for acts of terrorism is 0%, and does not include any charges for the portion of losses covered by the United States Government under the Act.

I ACKNOWLEDGE THAT I HAVE BEEN NOTIFIED THAT UNDER THE TERRORISM RISK INSURANCE ACT, AS AMENDED, ANY LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM UNDER MY POLICY COVERAGE MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT AND MAY BE SUBJECT TO A \$100 BILLION CAP THAT MAY REDUCE MY COVERAGE, AND I HAVE BEEN NOTIFIED OF THE PORTION OF MY PREMIUM ATTRIBUTABLE TO SUCH COVERAGE.

\_\_\_\_\_  
Applicant Name (Print)

\_\_\_\_\_  
Policyholder/Applicant Signature

\_\_\_\_\_  
Named Insured

\_\_\_\_\_  
Policy Number, if applicable

\_\_\_\_\_  
Date