

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 (7/1/22-7/1/23): \_\_\_\_\_

**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: \_\_\_\_\_