

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

2020-2021 RENEWAL APPLICATION

COMPLETE SEPARATE FORM FOR EACH LOCATION. ATTACH CURRENT LICENSE(S) AND INSPECTIONS(S) (if applicable).

NAME AND MAILING ADDRESS OF INSURED _____ POLICY NUMBER: _____

_____ COUNTY: _____

PHONE _____ EMAIL: _____ WEBSITE: _____

ADDRESS OF LOCATION (attach additional pages if necessary.)

CONTACT NAME: _____ PHONE: _____ EMAIL: _____

1. TYPE OF OPERATION FOR THIS LOCATION

- | | | |
|---|--------------------|---------------------------------------|
| <input type="radio"/> NURSING HOME/SKILLED CARE | # OF LICENSED BEDS | CURRENT OCCUPANCY |
| <input type="radio"/> INTERMEDIATE CARE | # OF LICENSED BEDS | CURRENT OCCUPANCY |
| <input type="radio"/> RESIDENTIAL/ASSISTED LIVING | # OF LICENSED BEDS | CURRENT OCCUPANCY |
| <input type="radio"/> INDEPENDENT LIVING | # OF LICENSED BEDS | CURRENT OCCUPANCY |
| <input type="radio"/> OTHER: _____ | # OF LICENSED BEDS | CURRENT OCCUPANCY |
| <input checked="" type="radio"/> ADULT DAY CARE | # OF CLIENTS | |
| <input type="radio"/> FOSTER CARE HOME 2450 | # OF CLIENTS ... | Adult Home or Child Home (circle one) |

2. TOTAL SQUARE FOOTAGE OF BUILDING FOR THIS LOCATION _____

3. IF THIS IS A HOME HEALTH CARE/NURSING SERVICES FACILITY PLEASE COMPLETE THE FOLLOWING:

INDICATE THE NUMBER OF PERSONNEL

- a) MD'S DAY _____ NIGHT _____
- b) RN'S DAY _____ NIGHT _____
- c) LPN'S DAY _____ NIGHT _____
- d) PSYCHOLOGISTS _____
- e) THERAPISTS _____
- f) COUNSELORS _____

INSURANCE AGENT CONTACT INFORMATION

NAME/AGENCY _____

ADDRESS _____

CITY/STATE/ZIP _____

PHONE _____ FAX _____ EMAIL _____

AGENCY FEDERAL TAX ID NUMBER: _____