

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

### 2019-2020 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**

- NURSING HOME/SKILLED CARE # OF LICENSED BEDS \_\_\_\_\_ CURRENT OCCUPANCY \_\_\_\_\_
- INTERMEDIATE CARE # OF LICENSED BEDS \_\_\_\_\_ CURRENT OCCUPANCY \_\_\_\_\_
- RESIDENTIAL/ASSISTED LIVING # OF LICENSED BEDS \_\_\_\_\_ CURRENT OCCUPANCY \_\_\_\_\_
- INDEPENDENT LIVING # OF LICENSED BEDS \_\_\_\_\_ CURRENT OCCUPANCY \_\_\_\_\_
- OTHER: \_\_\_\_\_ # OF LICENSED BEDS \_\_\_\_\_ CURRENT OCCUPANCY \_\_\_\_\_
- ADULT DAY CARE # OF CLIENTS \_\_\_\_\_
- FOSTER CARE HOME 245D # 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: \_\_\_\_\_