

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

- 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 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: _____

POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

Coverage for acts of terrorism is included in your policy. You are hereby notified that the Terrorism Risk Insurance Act, as amended in 2019, defines an act of terrorism in Section 102(1) of the Act: The term “act of terrorism” means any act or acts that are certified by the Secretary of the Treasury—in consultation with the Secretary of Homeland Security, and the Attorney General of the United States—to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion. 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 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 exceeds \$100 billion in any one calendar year. 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, 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.

Policyholder/Applicant’s Signature

Print Name

Date

Name of Insurer: Minnesota Joint Underwriting Association

Policy Number: _____