



March 13, 2023

Enclosed please find a one page renewal application for your assisted living facility, nursing home, home health care facility, 245 D In home support services or nursing services agency. If your facility has multiple locations, please fill out a separate form for each location.

You must complete the application and return to the MJUA before April **10, 2023** in order to receive an offer of renewal for the upcoming policy period. If you fail to complete the application, we will assume that you no longer wish to be insured and your coverage will cease on 7/1/2023.

You can fax the application the fax number is 952-641-0274, email to [kellyo@mjua.org](mailto:kellyo@mjua.org) or send it back in the mail. If your facility has multiple locations, please fill out a separate form for each location.

Please return the following to our office by the April 11, 2023 deadline:

1. The enclosed one page application (completed)
2. Copies of your current licenses
3. Minnesota Department of Health surveys completed in the last 3 years
4. Any unreported claims or incident report forms
5. Copy of your driver's license

We no longer accept renewal premium payments made by agencies. Renewal payments must be made in the form of check or money order by the insured.

If the total renewal amount shown on the offer of renewal is more than \$2,000 the insured may remit 50% of the total. The remainder is due five months from the effective date.

If you have any questions or need any help with the process, please don't hesitate to email.

Sincerely,  
Kelly Finney

MJUA  
12400 PORTLAND AVE S STE 190  
BURNSVILLE MN 55337

**MJUA**

12400 Portland Avenue S, Suite 190, Burnsville, Minnesota 55337  
email: [info@mjua.org](mailto:info@mjua.org) | office: 952-641-0260 | fax: 952-641-0274 | [www.mjua.org](http://www.mjua.org)

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

**MJUA**

12400 Portland Avenue S, Suite 190, Burnsville, Minnesota 55337

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