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

2023-2024 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 # OF CLIENTS _____ Adult Home or Child Home (circle one)
☐ HOME HEALTH CARE # OF PCA COMPLETE BELOW

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

MD'S DAY_____ NIGHT_____
RN'S DAY_____ NIGHT_____
LPN'S DAY_____ NIGHT_____
PCA'S DAY_____ NIGHT_____

PSYCHOLOGISTS_____
THERAPISTS' _____
COUNSELOR's _____

4. HAVE YOU OR YOUR COMPANY BEEN SUBJECT TO ANY DISCIPLINARY ACTIONS BY ANY LICENSING OR CERTIFYING AUTHORITY? PLEASE PROVIDE DETAILS BELOW

5. HAVE ANY CLAIMS BEEN PRESENTED TO YOU OR YOUR COMPANY IN THE LAST 3 YEARS? IF YES PLEASE PROVIDE DETAILS BELOW.

6. YOU MUST ATTACH A COPY OF YOUR LICENSE/ CERTIFICATE AND ANY SURVEYS THAT HAVE BEEN COMPLETED IN THE LAST 5 YEAS.

SIGNATURES

I declare to the best of my knowledge that all statements herein 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: _____

Signature of Agent: _____ Date: _____

Agent: _____ Agency: _____

Agency Address: Street: _____

City, State, Zip: _____

Agent Phone: _____ Agent Fax: _____

Agent Email: _____ Agency Fed Tax ID: _____

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
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