

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  
[www.mjua.org](http://www.mjua.org)

SOCIAL WORKER PROFESSIONAL LIABILITY RENEWAL APPLICATION  
CLAIMS MADE FORM

INSURED INFORMATION

Policy Number: \_\_\_\_\_

1. Named Insured: \_\_\_\_\_

2. Address: \_\_\_\_\_  
\_\_\_\_\_

3. County: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

4. List names and degrees of each social worker insured: (Please add additional sheets if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. What type of counseling is performed? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. How many actual cases does each social worker handle in each year? (This is individual cases, not visits.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Does the facility accept walk-in clientele or by referral only? \_\_\_\_\_

From where do you accept referrals?

\_\_\_ doctors      \_\_\_ law enforcement officials      \_\_\_ clergy  
\_\_\_ probation officers      \_\_\_ courts      \_\_\_ lay counselors  
\_\_\_ other social service agencies

8. Is all counseling done on-site? \_\_\_\_\_

9. Cases are done on an: \_\_\_ outpatient basis \_\_\_ inpatient basis \_\_\_ both outpatient and inpatient

Does the insured conduct any activities outside the state of Minnesota for which the insured is obtaining insurance from MJUA?

\_\_\_\_\_ No \_\_\_\_\_ Yes

If Yes, identify the percentage amount of the insured's activities conducted outside the state of Minnesota; the states in which those activities are conducted; and describe such activities.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is the insurance for which the insured is obtaining from MJUA required by statute, ordinance, or otherwise required by Minnesota law?

\_\_\_\_\_ No \_\_\_\_\_ Yes

If Yes, identify the statute, ordinance, or Minnesota law requiring such insurance.

\_\_\_\_\_

Does the insured understand that the insurance obtained through the MJUA does not cover, and will not indemnify, the insured for any liability or loss arising from the insured's activities that are conducted substantially outside the state of Minnesota, unless required by statute, ordinance, or otherwise required by Minnesota law.

\_\_\_\_\_ No \_\_\_\_\_ Yes

**SIGNATURES**

I declare to the best of my knowledge that all statements here in 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: \_\_\_\_\_