

Minnesota Joint Underwriting Association
12400 Portland Ave S, Suite 190
Burnsville, MN 55337
1-800-552-0013 or 952-641-0260
Fax: 952-641-0274
www.mjua.org

RESIDENTIAL HOUSING INSPECTORS
General Liability & Professional Liability

APPLICANT INFORMATION

1. Proposed insured: _____

Mailing address: _____

City, State, Zip: _____ County: _____

Phone: _____ Email: _____

2. Proposed: Effective date _____ End date July 1st (Common Renewal Date)

3. Limits offered (select desired limits)

\$250,000 per occurrence/ \$500,000 annual aggregate

\$300,000 per occurrence/ \$1,000,000 annual aggregate

4. Locations: (select each city that will require a certificate)

- | | | | |
|--------------------------------------|--------------------------------------|---|--|
| <input type="checkbox"/> Minneapolis | <input type="checkbox"/> Maplewood | <input type="checkbox"/> St. Louis Park | <input type="checkbox"/> St. Paul |
| <input type="checkbox"/> Bloomington | <input type="checkbox"/> Robbinsdale | <input type="checkbox"/> South St. Paul | <input type="checkbox"/> West St. Paul |
| <input type="checkbox"/> Hopkins | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | |

5. Anticipated number of inspections to be performed in the next year: _____

6. List total number of inspections performed in the last 3 years:

20__ : _____ 20__ : _____ 20__ : _____

(attach most recent financial statement and other supporting documents)

9. Charge per single family dwelling _____

Charge per duplex inspection _____

10. Do you engage in any other kind of professional service other than housing inspection? _____

RADON TESTING

Do you perform radon testing as part of your residential housing inspection? _____

The MJUA offers a Limited Coverage Extension for Radon Testing for an annual \$50 plus our SRF charge. Please indicate below if you would like to add this endorsement.

____ Add the Limited Coverage Extension for Radon Testing

____ Do NOT add the Limited Coverage Extension for Radon Testing at this time

APPLICATION REQUIREMENT

AS PART OF YOUR APPLICATION, YOU ARE REQUIRED TO SUBMIT ONE REJECTION OF COVERAGE FROM A STANDARD INSURANCE CARRIER.

A WRITTEN QUOTE PROVIDED BY AN INSURER AT A RATE IN EXCESS OF 110% OF PLAN RATES FOR SIMILAR COVERAGE IS DEEMED TO BE A WRITTEN REJECTION.

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

____ No ____ Yes

If Yes, identify the percentage amount of the applicant'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 applicant is applying for 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.

THE FOLLOWING QUESTIONS MUST BE ANSWERED BY ALL APPLICANTS.
(“Yes” answers do not require explanation)

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

____ No ____ Yes

I, the undersigned, certify and attest on behalf of the applicant that I have been unable to obtain through ordinary methods, the insurance I am applying for with this application and the information contained in this application is true and complete.

_____ No _____ Yes

Please identify the name of the insurance company who has refused to provide coverage to the applicant and the date of the refusal.

Was the refusal to provide coverage by another insurer based on an offer of coverage at a rate in excess of the rate that would be charged by the MJUA for similar coverage and risk?

_____ No _____ Yes

If Yes, and the rate for coverage offered is more than 10% in excess of the MJUA's rates for similar coverage and risk, or 20% in excess of the MJUA's rates for liquor liability coverages, attach a copy of such written offer to this application. *NOTE that pursuant to Minn. Stat. 62I.13, Subd. 2, "[i]t shall not be deemed to be a written notice of refusal if the rate for coverage offered is less than ten percent in excess of the joint underwriting association rates for similar coverage and risk or 20 percent in excess of the Joint Underwriting Association rates for liquor liability coverages."*

If No, provide further explanation.

The applicant agrees, represents and warrants that the statements and information contained in the application for insurance, including all statements, information and documents accompanying or relating to the application are accurate and complete and no facts have been suppressed, omitted or misstated. Failure to fully disclose the information requested in the application for insurance, whether by omission or suppression, or any misrepresentation in the statements, information and documents accompanying or relating to the application renders coverage for any claim(s) null and void and entitles us to rescind the policy from its inception.

Signature of applicant: _____ Date: _____

Signature of Agent: _____ Date: _____

Agent: _____ Agency: _____

Agency Address: Street: _____

City, State, Zip: _____

Agent Phone: _____ Agent Fax: _____

Agent Email: _____ Agency Fed Tax ID: _____