

**CERTIFICATION OF COMPLIANCE
MINNESOTA WORKERS' COMPENSATION LAW**

Minnesota Statutes, section 176.182 requires every state or local licensing agency to withhold the issuance or renewal of a license or permit to operate a business or engage in an activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minnesota Statutes, section 176.181, subd. 2, by providing the name of the insurance company, the policy number and dates of coverage or a permit to self-insure. **This information will be collected by the licensing agency and retained in their files.**

This information is required by law, and licenses and permits to operate a business will not be issued or renewed if it is not provided and is falsely stated and shall result in a \$2,000 penalty assessed against the employer by the Commissioner of the Department of Labor and Industry for failure to comply.

Insurance Company Name: _____
(NOT the insurance agent)

Policy #: _____

Dates of Coverage: _____ to _____

I am not required to have Workers' Compensation liability coverage because:

- I have no employees
- I am self insured (include permit to self-insure)
- I have no employees who are covered by the Workers' Compensation law
(These include spouse, parents, children and certain farm employees)

I certify that the information provided above is accurate and complete and that a valid Workers' Compensation policy will be kept in effect at all times as required by law.

NAME: _____
Last First Middle

DOING BUSINESS AS: _____
(Business name if different than your name) Phone

BUSINESS ADDRESS: _____

CITY, STATE, ZIP: _____

SIGNATURE: _____ DATE: _____