

Minnesota Statutes Section 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business or engage in any activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minnesota Statutes, Chapter 176. The required workers' compensation insurance information is the name of the insurance company, the policy number, dates of coverage, or the permit to self-insure. If the required information is not provided or is falsely stated, it shall result in a \$2,000 penalty assessed against the applicant by the commissioner of the Department of Labor and Industry. Complete item #4 for the Workers' Compensation Insurance information.

ITEM #4: WORKERS' COMPENSATION INSURANCE INFORMATION

1. Insurance company name (not the insurance agent's name): _____
2. Street address of insurance company: _____
City, State, Zip Code: _____
3. Workers' Compensation Insurance Policy Number: _____
4. Effective Date: _____ 5. Expiration Date: _____ 6. Total No. of Employees: _____

Or, _____ NO, I certify that I am not required to carry workers' compensation insurance because

(check one): I am the sole proprietor and have no employees.

I am self-insured (you must include a copy of the permit to self-insure).

I have no employees who are covered by workers' compensation law.

(Exempt employees include: spouse, parents, and children – all other employees must be covered.)

I certify that the information provided on this form is accurate and complete. If I am signing on behalf of a business, I certify that I am authorized to sign on behalf of the business.

Name of Applicant: _____ Title: _____
(PRINT)

Signature of Applicant: _____ Date: _____