

# CERTIFICATE OF COMPLIANCE

## Minnesota Workers' Compensation Law

Minnesota Statute, 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 an activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of MSS Chapter 176. The information required is: the name of the insurance company, the policy number, and dates of coverage or the permit to self-insure. **This information will be collected by the licensing agency and retained in its files.**

**This information is required by law, and licenses and permits to operate a business may not be issued or renewed if it is not provided and/or is falsely reported. Furthermore, if this information is not provided or falsely stated, it may result in a \$2,000 penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry.**

OPTION #1	OPTION #2		
INSURANCE COMPANY NAME <i>(NOTE: <b>Not</b> the insurance agent/agency)</i>	I am not required to have worker's compensation liability coverage because: <ul style="list-style-type: none"> <li><input type="checkbox"/> I have no employees.</li> <li><input type="checkbox"/> I am self-insured (include permit to self-insure).</li> <li><input type="checkbox"/> I have no employees who are covered by the workers' compensation law (these include: spouse, parents, children, and certain farm employees).</li> </ul>		
WORKERS COMPENSATION POLICY NUMBER <i>(NOTE: <b>Not</b> General Liability Insurance Number)</i>			
DATE OF COVERAGE: _____ TO _____			
<b>MUST COMPLETE THE FOLLOWING ENTIRELY (regardless of option chosen above)</b>			
I certify 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)			
BUSINESS ADDRESS			
CITY	STATE	ZIP	PHONE
<b>SIGNATURE</b>			<b>DATE</b>



This document is available in alternate formats upon a 72-hour request. Please call 763-593-8006 (TTY: 763-593-3968) to make a request. Examples of alternate formats may include large print, electronic, Braille, audiocassette, etc.

