

CERTIFICATION OF COMPLIANCE
MINNESOTA WORKERS COMPENSATION LAW

Minnesota Statute 176.182 requires every state or local licensing agency to withhold the issuance or renewal of a license or permit to operate a business in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of section 176.181, subdivision 2, by providing the name of the insurance company, the policy number, and dates of coverage or the permit to self-insure. The commissioner shall assess a penalty to the employer of \$2,000 payable to the commissioner for deposit in the assigned risk safety account, if the information is not reported or is falsely reported.

Insurance Company Name: _____
(NOT the insurance agent)

Policy Number: _____

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 and warrant that an insurance certificate for workers compensation will be provided if the exemption status no longer exists.

I hereby agree to indemnify and hold harmless the City of Winona and its agents and employees from and against all claims, losses, and expenses including attorney's arising out of or resulting from any workers compensation claim.

I understand that the information provided above will be verified by the Minnesota Department of Labor and Industry. I understand that I may be subject to a penalty if the information is false.

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: _____

D/B/A: _____
(Business name if different than your name)

Business Address: _____

City, State, Zip: _____ Phone: _____

Signature: _____ Date: _____