## MINNESOTA WORKERS' COMPENSATION ASSIGNED RISK PLAN APPLICATION FOR WORKERS' COMPENSATION INSURANCE

COVERAGE IS DESIRED\* Effective\_

**Send to:** Minnesota Workers' Compensation Insurers Assn., Inc. 7701 France Avenue South, Suite 450

Minneapolis, Minnesota 55435-3203

(952) 897-1737

## COVERAGE CANNOT BE BOUND BY ANY AGENT.

SEE RULES AND PROCEDURES ON LAST PAGE

Enclose check payable to Minnesota Workers' Compensation Assigned Risk Plan. Payment must be made by certified check, bank draft, money order, finance check, EMPLOYERS CHECK or agency check. Coverage will not be provided if the correct payment or deposit premium does not accompany the application; if Sections I and IV are not fully completed; if the declination requirement is not met; if the application is not signed by applicant and agent; if there is a record of coverage in force in the Association file; or if it is found that the employer applying for coverage owes money to the Assigned Risk Plan for previous coverage or has failed to comply with the audit conditions of any previous policy.

\*Coverage will become effective (1) 12:01 a.m. the day after the postmark date on the envelope containing the application and deposit premium; or (2) 12:01 a.m. the day after receipt of the application and deposit premium if not postmarked or if made by personal delivery; or (3) 12:01 a.m. on any future date requested.

The undersigned employer hereby applies for workers' compensation insurance in Minnesota and expressly represents that such insurance is sought in good faith.

	ling D.B.A.s)	Ole			
Federal Employer ID # (FEIN 9-digit nu	imber)	2b	employment Account No. (UI Coo	de)	
Mailing Address	(Street)	(City)	(ZIP)	(Phone)	
Principle Location	(Street)	(City)	(ZIP)		
Payroll Office Address	(Street)	(City)	(ZIP)		
Other Minnesota Location	(Street)	(City)	(ZIP)		
Employer Email Address					
	II. BU	USINESS INFORMA	TION		
₋egal Status: ☐ Sole Pro	oprietor 🗌 Partnership 🗀	Corporation   Lim	ited Liability Co. 🗌	Non-Profit Organ	ization
☐ Closely Held Corporat	tion   Professional Association	ciation 🗌 Trust 🗌 O	ther		
Board of Directors, Corpo	orate Officers, General Pa	artners, Sole Propriet	ors		
Name T	Title	Duties	SSN	Percent of Ownership	Approximate Annual Salary
				- · · · · · · · · · · · · · · · · · · ·	
	III.	INSURANCE RECO	RD		
	workers' compensation in		Minnesota?	☐ Yes	s □ No
Has there been previous	workers compensation in	isurance coverage ir			
Has there been previous  Explain:	workers compensation if	isurance coverage in			
Explain:	change or change in owner		st three years?		s □ No
Explain: Has there been a name o		ership during the pas	et three years?	☐ Yes	s □ No s □ No
Explain: Has there been a name of Did you purchase the bus	change or change in owne	ership during the pas	•	☐ Yes	
Explain: Has there been a name of Did you purchase the bus	change or change in owner siness, or any part of it, fr	ership during the pas	•	☐ Yes	
Explain:Has there been a name of Did you purchase the built you answered "yes" to	change or change in owner siness, or any part of it, fr	ership during the pas rom someone else? previous name, owne	ership and date of cl	☐ Yes	
Explain:  Has there been a name of the business of the	change or change in owner siness, or any part of it, from either of the above, give part of the above.	ership during the pas rom someone else? previous name, owne	ership and date of cl	☐ Yes☐ Yes☐ Yes☐ Yes☐ Yes☐ Yes☐ Yes☐ Yes	

01/01/2015

4.	<ol> <li>Do you (applicant) have a Workers' Compensation Insurance policy in force?  ☐ Yes ☐ No</li> <li>If "yes," indicate expiration or cancellation date:</li> </ol>							
	If cancelled or non-renev			n2 ☐ Employer	☐ Insurance Con	nnany		
5				, _	No	прапу		
5.	Are there operations in state		esola?		INO			
	If "yes," complete the fol	lowing:						
	State	Location			Insurance Carrier	Poli	icy Number	
	Note: The Minnesota Assig state operations are	gned Risk Plan doe covered only as p	es not prov rovided by	ide coverage for p Minnesota Statut	permanent out-of-sta e.	te operation	s. Temporary o	out-of-
		(Coverage will		UM CALCULATION	ON ction is not complet	ed )		
1.	Completely describe busines	,	•		•	.04.7		
		· ·						
2.					4.0			
	☐ Yes, I (we) are a Tem		-		A Copy of the accompany the		sing agreement n	must
	Yes, I (we) lease emp	•			* Employee leasi	na companies l	& temporary help	
	Application is for our		-	o a leasing agree	ment. agencies must	be registered w	& temporary help vith the Departmen option certificate. F	nt of
	☐ Application is for our (	Client Company:_		Name	more information	on contact the D	Department of	-01
	Location	FEIN Numl	per	MN Unemployment No	Commerce at 6	51-539-1743		
3.	**Calculations of Estimate	ed Annual Premiu	m Subject	t to Insurance C	ompany Audit			
	Describe by Location the Duties or Emplo	oyees of Classification	Class Code	Number of Employees	Total Payroll	Rate	Premium	
								_
								4
	01 : 10%		2010					-
	Clerical Office		8810					-
	Outside Salesperson – No Product Delivery  Drivers, Chauffeurs and Helpers		7380					-
	brivers, orialinears and respers		7300			Factor		-
					Manual Pre			1
	Terrorism				Increased	Limits		7
	÷ 100 x01				Experience Modifi	cation		
	Total Remuneration Rate	Insert on Terrorism Cov	erage Line		Modified Pre	emium		
					Merit I			_
	Policy Total Minimu	um Deposit Pay	ment			CPAP		_
			is***		Standard Pre			-
	under \$2,000	100%			Expense Co Terrorism Cov		\$190.00	-
	\$2,000 - \$10,000	50% 3 qua	arterly		Total Estimated Annual Pre	-		-
	over \$10,000	35% 8 mc	onthly	MN Special Comp Fund A	ssessment (Modified Premium x F			1
					Policy Total Estimated			1
					Deposit Premium P	ercent		7
					Deposit Pre	emium		
4.	Are the payroll amounts liste	ed above lower tha	n those ap	pearing on your	most recent policy o	r audit?		
	(This question must be	answered)	Yes 🗌 N	No				
	If "yes," please provide docu class. Coverage may be refu	imentation verifyin ised if adequate c	g the payro	oll amounts listed tion is not provide	above. The MWCIA	will verify the	e payroll amou	nts by
_								٦
٥.	Is premium being financed t	• .			question must be	answere	a) ∟ Yes ∟	_l No
	If "yes," please provide a co			•				
6.	Do you use independent con	ntractors? (This	question	must be ansv	vered) Yes	No ntractors If	auch daarma - ··	ata 4: - :-
	If "yes," you must maintain d is not available, or if the ser	vicing contractor f	or the Assi	ร เกลเ เกey are, In gned Risk Plan fi	nds evidence of an	muaciors. If employment	relationship. th	แลแดก hen
	premium may be charged as				21.301103 01 0111		. 5.5.5.0110111p, ti	
	For Information about Indepen	dent Contractor or F	Employee St	atus nlease visit· w	ww dli state mn us/W(	:/IndnCont as	en.	

<u>ror information about independent Contractor or Employee Status please visit:</u> www.dli.state.mn.us/WC/IndpCont.asp

<sup>\*\*</sup> Subject to change according to rules governing the Minnesota Workers' Compensation Assigned Risk Plan.

\*\*\* See #4 on back page for explanation of payment options.

# V. DECLINATION STATEMENT (Coverage will not be provided if this section is not completed)

In order to obtain workers' compensation coverage through the Minnesota Workers' Compensation Assigned Risk Plan, you must first have been declined coverage by an insurance company licensed to write workers' compensation in the State of Minnesota within 90 days of the requested coverage effective date.

I (we) have been non-renewed by the insurance company listed below or

I (we) have applied to the insurance company named below and have been refused Workers' Compensation Insurance.

**NOTE:** If you are currently insured, the company listed must be your present insurance company. The representative named must be a full time, salaried employee of the company.

Name of Insurance Company Full Name of Underwriter Solicitation Date or Non-Renewal Date

## VI. ELECTIONS AVAILABLE UNDER THE LAW

(Coverage will not be provided to excluded individuals unless they are listed in this section)

## READ CAREFULLY

Minnesota statutes 176.041 exclude from coverage certain persons such as sole proprietors, partners, certain executive officers of family farms or closely-held corporations, and their spouses, parents and children (regardless of age). An election may be made to provide coverage for those excluded by completing the information below.

The following named individuals who are subject to the election of coverage are to be covered by this policy. List only the individuals

who elect coverage.  Name of Person  To Be Insured	Title or Relationship	Duties	Estimated Remuneration or Draw– Included in Section IV
Has the estimated remuneration, s □ Yes □ No	subject to minimums and maximums	s, of the above-named	d individuals been included in Section IV?

# VII. STATEMENTS AND AGREEMENTS (Coverage will not be provided if this section is not completed)

I (we) have read this application for the granting of coverage to employers unable to secure it for themselves and subscribe to the Minnesota Workers' Compensation Assigned Risk Plan in its entirety and hereby declare myself (ourselves) bound by its provisions and by all provisions of the Standard Workers' Compensation and Employers' Liability Policy. I (we) will comply with all reasonable safety recommendations that the servicing contractor makes with a view to reducing the hazards to which my (our) employees are exposed. I (we) hereby agree to pay promptly all premiums when due with the understanding that failure to do so shall constitute authority for the servicing (insurance) contractor to cancel coverage.

- I (we) understand the law regarding the election of coverage for Workers' Compensation Insurance.
- I (we) understand excluded individuals will not be covered by this policy unless named under Section VI.
- I (we) hereby certify the above statements are true and correct, and there are no outstanding premiums due the Plan.

1 (	we'	) hereby	designate /	
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Name of Insurance Agent or Agency

as agent of record for this insurance. I (we) understand that the agent is not acting as an agent of any company for the purpose of this insurance and has no authority to bind such insurance.

I (we) also understand that the agent is not an agent of the Assigned Risk Plan for purposes of state law.

Y

Original Signature of Sole Proprietor, Partner or Officer

Date

### VIII. STATEMENT OF AGENT OF RECORD

de benebu contifutbet I am a licensed incompany apart of the Otate of Minneset

NAME OF AGENCY			MAILING ADDRESS OF AGENCY
CITY	STATE	ZIP	TELEPHONE NUMBER
Federal Employer's ID Numb	oer		EMAIL ADDRESS
Are you charging a service for If so, the fee must be mutuall each policy year that a fee is	y agreed in writing by both th		es ☐ No arate agreement must be prepared for
☐ I will provide a copy of this	9		
SIGNATURE OF INSURANCE AGENT		<del></del>	DATE
Note: If non-resident agent your	oust attach a conviof your Minneso	ta non-resident license or vou will no	t be recognized as agent of record

MINNESOTA WORKERS' COMPENSATION ASSIGNED RISK PLAN
APPLICATION RULES AND PROCEDURES

- 1. Only Minnesota statutory workers' compensation coverage and employers' liability coverage will be provided. USL & H coverage is available. Other states and voluntary compensation coverages are not available.
- 2. Payrolls and classifications included in the Premium Calculation Section of the application are subject to review by Association staff. Payrolls should be indicated for each classification. If the proper classifications cannot be determined, Association staff will classify the employer on the basis of the description of operations stated on the application, and prepare a premium quotation for the applicant or agent. Final premium will be determined by premium audit upon expiration of the policy.
- 3. Policies under \$2,000 annual premium require 100% deposit premium. For policies of \$2,000 \$10,000, the employer shall have the option of paying 50% or 100% of that amount as the deposit premium. For policies of \$10,000 or more, the employer shall have the option of paying 35%, 50% or 100% as the deposit premium. If 50% of premium is paid, the remainder shall be paid in three equal quarterly installments. If 35% is paid, the remainder shall be paid in eight equal monthly installments.
- 4. The servicing contractor may issue the policy on an interim reporting basis, which requires the insured to submit monthly or quarterly payroll report forms. Requests to have the policy issued on an interim reporting basis will be honored in accordance with the guidelines established.
- 5. Agents are not agents of the Assigned Risk Plan and cannot issue certificates of insurance or bind coverage.
- 6. Commissions on Minnesota Workers' Compensation Assigned Risk Plan policies are as follows:

Policy Premium		<u>Commission</u>
under \$1,000	_	5%
\$1,000 to \$5,000	_	4%, but not less than \$50
\$5,000 to \$10,000	_	3.5%, but not less than \$200
over \$10,000	_	1%, but not less than \$350

Commission maximum of \$3,500 per policy if no service fee is charged.

Commission maximum of \$1,500 per policy if a service fee is charged.

Commissions are subject to change without notice.

and no commission will be paid.

- 7. In the event the policy is terminated or a change is made which results in a return premium to the insured, the agent will be required to return the unearned commission portion of such return premium.
- 8. If you have questions about the rules governing the Assigned Risk Plan or would like additional information, please contact the Minnesota Workers' Compensation Insurers Association at (952) 897-1737 or Email at info@mwcia.org.