



Certificate of Insurance Covering General Liability and Property Damage

E-mail: dli.license@state.mn.us
Web Site: <http://www.dli.mn.gov/>
Phone: (651) 284-5034

Liability Insurance Coverage

This is to certify that the insurance policy listed below has been issued to the named insured for the policy period indicated and that the policy meets the minimum coverage requirements applicable under Minnesota Statutes, section 326B.04, Subd. 4(c)(2).

PRINT IN INK or TYPE your responses. Unreadable or illegible certificates will be denied.

Form must be completed by the insurance agent or insurance company, not by the business/contractor.

LICENSE TYPE Manufactured Home Dealer		LICENSE NO (if applicable)		POLICY NUMBER (pending is not acceptable)		
INSURED (Use the person(s) name if business structure is sole proprietor or partnership (i.e., John Doe, or John Doe and Jane Doe), otherwise the insured is the legal name of the business entity.)		FROM (mm/dd/yyyy)		TO (mm/dd/yyyy)		
		<input type="checkbox"/> Check - Mandatory Insurance policy meets the minimum statutory requirements.				
DBA NAME (Doing business as name / assumed name – if applicable)		STATUTORY REQUIREMENT Policy provides liability insurance in the amount of \$1,000,000.				
		This certificate or memorandum of insurance does not affirmatively or negatively amend, extend, or alter the coverage afforded by the insurance policy.				
STREET ADDRESS (no PO Box)						
CITY		STATE		ZIP CODE		
MAILING ADDRESS (if different from above – PO Box accepted)			NAME OF INSURANCE COMPANY		NAIC ID	
CITY		STATE		ZIP CODE		
Data Practices Notice Minnesota law requires that contractors licensed by the Minnesota Department of Labor and Industry, Construction Codes and Licensing Division maintain on file with the Commissioner a certificate evidencing compliance with the liability insurance requirements prescribed in the applicable statute. Data provided on this form is used to determine compliance with the applicable Minnesota law and becomes public upon the issuance and/or renewal of the license. Cancellation Independent of this certificate, the policyholder notified the issuing company pursuant to M.S. 60A.36 to add an endorsement to the policy to provide notice to the department of labor and industry if the issuing company cancels or non-renews the policy subject to the terms of the policy. Notwithstanding the expiration date set forth in this certificate, should this policy be canceled before the expiration date, the issuing company shall send written notice to the Certificate Holder at the same time that a cancellation request is received from or notice is sent to the insured.		MN INSURANCE AGENT'S LICENSE NO.		<input type="checkbox"/> Resident <input type="checkbox"/> Non-resident		
		NAME OF INSURANCE AGENCY/CO.		PHONE NUMBER		
		ADDRESS				
		CITY		STATE		ZIP CODE
		INSURANCE AGENT'S SIGNATURE			DATE	

OFFICE USE ONLY
Date of DLI Receipt

Certificate Holder

Minnesota Department of Labor and Industry
CCLD Licensing and Certification Services
443 Lafayette Road North
St. Paul, MN 55155