

Minnesota Department of Labor and Industry
Construction Codes and Licensing Division
Licensing and Certification Services
PO Box 64222
St. Paul, MN 55164-0222
Phone: (651) 284-5080
Fax: (651) 284-5743
E-mail: DLI.License@state.mn.us
www.dli.mn.gov

Plumbing Contractor Code Compliance Bond Registration Checklist

Except for the Certificate of Good Standing and/or Certificate of Assumed Name, all forms and documents must include original signatures. Photocopies are not acceptable.

- Plumbing Contractor Code Compliance Bond Registration Filing Fee - \$40.00
- Copy of Certificate of Good Standing and/or Certificate of Assumed Name issued by the Office of the Secretary of State (not required for an individual (sole proprietor) or partnership when the individual's and all partners' own true full names are used in the company name)
- Plumbing Contractor Code Compliance Bond Registration form, completed and signed by principal of the company or authorized representative
- Plumbing Contractor Code Compliance Bond, including Power of Attorney form, signed, acknowledged (notarized)
- Certificate of Liability Insurance, **NOT** on an acord form
- Workers Compensation Certification of Compliance Form

MAIL ABOVE FORMS WITH **\$40** BOND FILING FEE TO:

**Minnesota Department of Labor and Industry
Financial Services – Plumbing
PO Box 64222
St. Paul, Minnesota 55164-0222**

NOTE: Please make sure that the check issued for payment indicates "Plumbing Bond Fee" so that we may expedite the processing of your bond filing.

Helpful Contact Numbers:

Minnesota Identification Number (651) 282-5225

Federal Employer Identification Number 1-800-829-4933

Economic Security (Unemployment Insurance) (651) 296-6141

Labor and Industry (Workers' Compensation Insurance) (651) 284-5005 or 1-800-342-5354

Revenue (if making retail sales in Minnesota) (651) 296-6181 – Corporate and Sales Tax Division

SOS (Secretary of State) (651) 296-2803

Instructions for Completing the Plumbing Contractor Code Compliance Bond Registration

Incomplete or inaccurate application will delay processing.

The appropriate fee must be submitted with the license application: Plumbing Contractor Code Compliance Bond Fee \$40

The box numbers on the application correspond with the numbered items in the following instructions.

1. Business Telephone Number
2. Business Fax Number – For person signing the Plumbing Contractor Code Compliance Bond Registration form.
3. E-mail address of person signing the Plumbing Contractor Code Compliance Bond Registration form.
4. Legal Business Name. Except for an individual (sole proprietor) or a partnership making application using the individual's or all partners' own full true name(s) as the contractor name, the name identified on the Certificate of Assumed Name or Certificate of Authority issued by the Office of the Secretary of State shall be used on all forms used to apply for any license/bond certificate issued by the Department. **Examples of business names:**

An individual without an assumed name - John Doe or John Doe Plumbing

An individual using their full true name as in the example above are not required to register with the Secretary of State

An individual with an assumed name - John Doe dba Assumed Name

A partnership with an assumed name - John Doe and James Doe dba Assumed Name

A corporation - Company Name Inc.

A corporation with an assumed name – Company Name Inc. dba Assumed Name

A limited liability company - Company Name, LLC or LLP

Additional business, tax, and employment information can be found in a *Guide to Starting a Business in Minnesota* at www.deed.state.mn.us/bizdev/start.html. A copy is available without charge from the Minnesota Department of Employment and Economic Development, Small Business Assistance Office. Telephone (651)-296-3871 or 1-800-310-8323.

5. Doing Business As (DBA) – This part is only completed if you are an individual proprietor or a corporation using an assumed name.
6. Business Address. PO Box numbers are not acceptable.
7. Mailing Address (if different from above). A PO Box address may be used.
8. Business Type (check only one). If your business type is not listed, check “other” and write in business type (must be a recognized type and registered with Minnesota Secretary of State (SOS) Office).
- 9., 10. and 11. Except for individual (sole proprietor) or one-member limited liability companies without employees or taxable sales, all companies must furnish their business Federal Employer Identification Number and Minnesota Identification Number. Tax numbers are available from the state or federal revenue agencies. Their telephone numbers are:

Minnesota Identification Number	(651) 282-5225
Federal Employer Identification Number	1-800-829-4933
Economic Security (Unemployment Insurance)	(651) 296-6141
12. You must register ALL business names along with the Assumed Name (dba) for your company. Please contact Office of Secretary of State (SOS), 180 State Office Building, St. Paul, MN 55155, (651) 296-2803. Licenses/bond certificates are not processed until your business name is registered with SOS. See #4 for examples of business names.
13. List the principals of the company; All **Owners**, all **Partners** of partnerships, all **Officers** of corporations (Inc), all **Partners** of limited liability partnerships (LLP), all Limited Liability Company **Members (LLC)**, and all **Principals** of other business types. All requested information must be provided. Note: Minnesota Statutes section 270C.72, Tax Clearance; Issuance of Licenses/Bond Certificates requires Minnesota applicants to provide their Minnesota ID and the social security numbers of all individual owners, partners, officers and members of the business entity.
14. Responsible Licensed/Certified Person: The name, social security number, date of birth, license number, expiration date, address, and telephone number of the responsible licensed person licensed as a restricted master plumber or non-restricted master plumber to perform plumbing work; or certified as a pipe layer to engage in building sewer and water service installation. There must be one and only one person listed in Box 14. NOTE: Minnesota Statutes section 270C.72, Tax Clearance, Issuance of Licenses/Bond Certificates requires Minnesota applicants to provide their Minnesota ID and the social security numbers of all individual owners, partners, officers and members of the business entity. NOTE: The responsible licensed/certified person must sign this section of the application.
15. Sign and date plumbing bond registration form. This application must be signed by one of the persons listed in box 13 of the Plumbing Contractor Code Compliance Bond Registration form. Note: If the company is a partnership or a limited liability partnership, all partners and members must sign the application.

This material can be made available in different forms, such as large print, Braille or on a tape. To request, call 1-800-342-5354 (DIAL-DLI) Voice or TDD (651) 297-4198.

Plumbing Contractor Code Compliance Bond Registration

For the period January 1, 2009 through December 31, 2009

Make a copy of this application for your records

Plumbing Bond Fee \$40.00

Depositing of fees does not constitute granting of the registration and will not be approved, renewed or issued unless all of the conditions identified on this application in the M.S. § 326.56 and Minn. Rules, Chapter 4715 are complied with. Checks returned for nonpayment will be charged a \$30 fee (M.S. 604.113, subd. 2.)

Make check payable to: Minnesota Department of Labor and Industry	
DO NOT STAPLE CHECK TO APPLICATION OR PAPERWORK	
Insert Your Check No.	Amount Paid
DLI USE ONLY	
RSRC	DLI Enter Date Check Received
4830	

The information you provide on this application will be used to determine if you meet the license/bonding requirements. Before a license/bond certificate is issued to you, M.S. § 270C.72, subd 4, requires you to provide your social security number. The other information is required to process your application. Failure to provide the requested information may delay the processing of your application or may be grounds for denying your application. Under M.S. § 13.41, the information that you provide on this application, except for your name, and address is private data while the application is pending. Disclosure of this information to others may occur as authorized or required by law, including the Attorney General's Office, the Department of Revenue, the Department of Human Services, and/or for the purpose of verification and investigation. Once you are licensed/bonded, the information becomes public data and will be part of the agency's permanent records.

The following documents are required to file a plumbing code compliance bond.

- | | |
|---|---|
| <input type="checkbox"/> Plumbing Bond Registration | <input type="checkbox"/> Workers' Compensation Certificate of Compliance |
| <input type="checkbox"/> Plumbing Bond | <input type="checkbox"/> Pipelayer Certification (if applicable) |
| <input type="checkbox"/> Certificate of Liability Insurance | <input type="checkbox"/> SOS Registration (copy of current year's filing) |

1. BUSINESS TELEPHONE NUMBER	2. FAX TELEPHONE NUMBER	3. E-MAIL ADDRESS
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4. LEGAL BUSINESS NAME OF CONTRACTOR Individual name only if no company name used - See instructions

5. DBA (doing business as name) (if applicable)

6. BUSINESS ADDRESS	CITY	STATE	ZIP CODE	COUNTY
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7. MAILING ADDRESS (if different from above)	CITY	STATE	ZIP CODE	COUNTY
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8. BUSINESS TYPE (check only one)

<input type="checkbox"/> Individual (sole proprietor)	<input type="checkbox"/> Limited Liability Company
<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Partnership
<input type="checkbox"/> Corporation	<input type="checkbox"/> Other _____
<input type="checkbox"/> Foreign Corporation	State business is organized in: _____

9. FEDERAL EMPLOYER TAX NO (FEIN) (if applicable)	10. MINNESOTA TAX NO (MN ID) (if applicable)	11. UNEMPLOYMENT NO (if applicable)
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12. **MINNESOTA SECRETARY OF STATE (SOS) REGISTRATION:** Is your business name(s) registered with SOS? Yes No. Except when an individual or partnership is doing business under their own true full legal first and last name(s). All businesses and assumed names (dba) must be registered with the Office of the Secretary of State, Minnesota State Retirement Building, 60 Empire Drive, St. Paul, MN 55103, (651) 296-2803, www.sos.state.mn.us. Licenses/bond certificates are not processed until your business name is registered with SOS. Attach a copy of ALL current year's filing with SOS. (Note: You must register your business name yearly with SOS, however, an assumed name must be renewed every 10 years. Please contact SOS for further information.)

THE SECOND PAGE MUST BE COMPLETED

13. LIST ALL OWNERS, ALL PARTNERS, ALL OFFICERS, OR ALL LIMITED LIABILITY COMPANY MEMBERS

All requested information must be provided. If additional sheets are needed please attach to this application. Note: Minnesota Statutes section 270C.72, Tax Clearance; Issuance of Licenses/Bond Certificates requires Minnesota applicants to provide their Minnesota ID and the social security numbers of all individual owners, partners, officers and members of the business entity.

LAST NAME	FIRST NAME	MI	TITLE	% OF OWNERSHIP	SOCIAL SECURITY NO
RESIDENTIAL ADDRESS		CITY	STATE	ZIP CODE	TELEPHONE NO.
LAST NAME	FIRST NAME	MI	TITLE	% OF OWNERSHIP	SOCIAL SECURITY NO
RESIDENTIAL ADDRESS		CITY	STATE	ZIP CODE	TELEPHONE NO.
LAST NAME	FIRST NAME	MI	TITLE	% OF OWNERSHIP	SOCIAL SECURITY NO
RESIDENTIAL ADDRESS		CITY	STATE	ZIP CODE	TELEPHONE NO.
LAST NAME	FIRST NAME	MI	TITLE	% OF OWNERSHIP	SOCIAL SECURITY NO
RESIDENTIAL ADDRESS		CITY	STATE	ZIP CODE	TELEPHONE NO.

14. **RESPONSIBLE LICENSED PERSON:** A responsible licensed person is licensed as a restricted master plumber or a non-restricted master plumber to perform plumbing work; or is certified as a pipe layer to engage in building sewer and water service installation. If you have pipe layer certification, please include a copy of your pipe layer card or certificate. NOTE: The responsible licensed person must complete and sign this section of the application.

LAST NAME	FIRST NAME	MI	SOCIAL SECURITY NO.	DATE OF BIRTH (mm/dd/yyyy)	PLUMBER LIC NO. (if applicable)
RESIDENTIAL ADDRESS		CITY	STATE	ZIP CODE	TELEPHONE NO.
APPLICANT SIGNATURE (Responsible Licensed Person)		DATE OF APPLICATION	TITLE (Owner, Partner, Member, President, Vice President)		

Note: Minnesota Statutes section 270C.72, Tax Clearance; Issuance of licenses/bond certificates requires Minnesota applicants to provide their Minnesota ID and the social security numbers of all individual owners, partners, officers and members of the business entity.

15. An Owner/Officer, Partner, Member, President, Vice President listed in Box 13 of this application MUST sign below:

This is to certify that the company making this application is in compliance with the provisions of Minnesota Statutes and Minnesota Rules, including:

- (a) Compensation of any employee doing contractor work will be reported on an Internal Revenue Service W-2 form.
- (b) All advertising and business forms will be in the name shown on bond form.
- (c) I will immediately notify the Department in writing of any change of address, telephone number, responsible licensed person, or other information required on my application.

I hereby declare that any statements herein are true and complete, with the same force and effect as though given under oath.

APPLICANT SIGNATURE (Owner, Partner, Member, President, Vice President)	DATE OF APPLICATION	TITLE
PARTNERSHIP SIGNATURE	DATE OF APPLICATION	TITLE
PARTNERSHIP SIGNATURE	DATE OF APPLICATION	TITLE

Instructions for Completing Plumbing Contractor Code Compliance Bond

THE ORIGINAL BOND FORM MUST BE FILED WITH THE APPLICATION – COPIES WILL NOT BE ACCEPTED.

The Surety Company may use its own form. Regardless of whether the Department's bond form is used or whether the Surety Company uses their own form, the expiration date for a Plumbing Contractor Code Compliance Bond **must be December 31, 2009**. The bond shall be effective and run concurrently with the license/certification period from the date the license/certification is granted and shall expire on December 31, 2009.

When the Department supplied bond form is used, it must be completed as follows: (Surety Company provided bond forms are completed in a similar manner with the same language that is on the Departments Bond form)

Bond number: The Bond number must be issued. **It cannot be marked "pending."**

The Business name including the assumed name (doing business as (dba)) shall be **exactly the same** as the applicant used on their "Plumbing Contractor Bond Registration Form" and all other forms. The business name that an applicant uses to identify themselves must be filed or registered with the Office of the Secretary of State. *Note: Only individual (sole proprietor) or partnership business types using their own true full name(s) of the individual or all partners as part of the business name are not required to be registered with the Office of the Secretary of State. See below examples:*

An individual without an assumed name - John Doe or John Doe Plumbing

An individual using their full true name as in the example above are not required to register with the Secretary of State

An individual with an assumed name - John Doe dba Assumed Name

A partnership with an assumed name - John Doe and James Doe dba Assumed Name

A corporation - Company Name Inc.

A corporation with an assumed name - Company Name Inc. dba Assumed Name

A limited liability company - Company Name, LLC or LLP

The address of the Business.

The name of the Surety (Bonding) Company.

The surety company's address and telephone number.

The state that the Surety Company is organized in.

The date the Bond was signed and surety sealed by the power of attorney.

Signature of Principal. If the Business is an individual owner, the owner must sign bond; if a partnership, all partners must sign bond; if a limited liability partnership, all partners must sign bond; if a corporation, an officer must sign bond; and if another business entity, a person with delegated authority must sign bond. The individual(s) signing the bond for the business must be identified as the **Owners**, all **Partners** of partnerships, all **Officers** of corporations (Inc), all **Partners** of limited liability partnerships (LLP) , all Limited Liability Company **Members (LLC)**, and all **Principals** of other business types as listed on the Plumbing Contractor Bond Registration Form.

Name of Surety (Bonding) Company.

Signature of Attorney in Fact (Surety Company).

VERY IMPORTANT! The bond form must be notarized as follows: (A) or (B) AND (C) below

- A. If the business is an Individual, Partnership, or a Limited Liability Company, the bond form must be notarized in the block on the upper one-third of the form. **ALL SIGNATURES NEED TO BE NOTARIZED.**
- B. If the business is a Corporation, the bond form must be notarized in the block in the center one-third of the form.
- C. The block in the lower one-third of the form must be notarized by the Surety company.

The original Power of Attorney form must be attached.

When the Surety Company completes the Bond, it must be returned to the Business to be signed by the principal. The Business shall have the Bond notarized on the back in the appropriate block (Box A or B). Bonds that have the conditions of the Bond modified in any manner will not be accepted, and the application will be returned to the submitter.

NOTE: DO NOT SEND BOND FORM TO THE DEPARTMENT OF LABOR OF INDUSTRY. BOND FORMS MUST BE SIGNED BY THE PRINCIPAL OF THE BUSINESS BEFORE SUBMISSION TO THE DEPARTMENT OF LABOR AND INDUSTRY.

This material can be made available in different forms, such as large print, Braille or on a tape. To request, call 1-800-342-5354 (DIAL-DLI) Voice or TDD (651) 297-4198.

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Plumbing Contractor Code Compliance Bond

BOND NO.	AMOUNT	EFFECTIVE DATE
	\$25,000	

PRINT IN INK or TYPE

KNOW ALL MEN BY THESE PRESENTS:

THAT _____
(Business name as Registered with the Office of the Minnesota Secretary of State; or if individual sole proprietor,
individual's name.)

(DBA, doing business as name if applicable)

With business office at _____
(Business address, City, State, Zip Code, Telephone number)

as PRINCIPAL, and _____
(Surety Company Name)

(Surety Company Address, City, State, Zip Code, Telephone number)

A corporation duly organized in the state of _____ and authorized to do business in the state of Minnesota, as Surety, are jointly and severally held and firmly bound to the state of Minnesota as obligee, in the sum of **TWENTY-FIVE THOUSAND DOLLARS (\$25,000)** for the benefit of persons injured or suffering financial loss by reason of failure of such performance as herein specified for the payment of which, we bind ourselves, our heirs, executors, administrators, successors and assigns firmly by these presents. The bond shall be filed with the Minnesota Department of Labor and Industry and shall be in lieu of all other license bonds to any other political subdivision.

The CONDITION of the above obligation is such that WHEREAS the said Principal is or has in his/her employment a licensed Minnesota master plumber, a restricted master plumber, or a certified pipe layer, to perform plumbing work.

NOW THEREFORE, the condition of this obligation is that the Principal shall faithfully and lawfully comply with the Minnesota State Plumbing Code and indemnify any person dealing or transacting business with the Principal from any financial loss or damage occasioned by the failure of the Principal to comply with any of the requirements of the Minnesota Rules, Chapter 4715, then no obligation under this bond shall accrue; otherwise this bond shall remain in full force and effect.

This bond shall be effective and run concurrently with the period of the aforesaid license/certificate from the date said license/certificate is granted in the current year which shall expire on December 31, 2009. During the term of this obligation the principal and surety will pay unto the obligee or as otherwise directed by the obligee the amount needed to correct non-complying work. The aggregate liability of the surety hereunder pertains to all claims arising during the period as defined above and shall in no event exceed the total sum of **TWENTY-FIVE THOUSAND DOLLARS (\$25,000)**.

Signed and sealed this _____ day of _____

(SURETY SEAL)

Print Name of Principal (s)

SIGNATURE OF PRINCIPAL(S)

Print Name of Principal (s)

SIGNATURE OF PRINCIPAL(S)

Acknowledge (notarize) signatures on reverse side and attach power of attorney form.

NAME OF SURETY

File with: Minnesota Department of Labor and Industry
CCLD – Licensing and Certification
443 Lafayette Road N
St. Paul, Minnesota 55155

SIGNATURE OF ATTORNEY IN FACT (SURETY COMPANY)

A OR B AND C MUST BE COMPLETED

A. FOR ACKNOWLEDGEMENT OF Individual, Partnership, Limited Liability Company or Limited Liability Partnership

(Note: If partnership all signatures required to be notarized. Please copy the page if necessary.)

STATE OF _____)
) ss
COUNTY OF _____)

On this _____ day of _____ personally came _____
to me well known to be the identical person(s) described in and who executed the foregoing bond and he/she/they acknowledged the same
to be his/her/their own free act and deed.

(SEAL)

Notary Public, _____ County, _____
My Commission Expires _____

B. FOR ACKNOWLEDGEMENT of Corporate Contractor

STATE OF _____)
) ss
COUNTY OF _____)

On this _____ day of _____ personally came _____
who being by me duly sworn, did say that he/she is _____
of _____, a _____
corporation; and that said instrument was executed in behalf of the corporation by authority of its Board of Directors; that he/she
acknowledged said instrument to be the free act and deed of the corporation.

(SEAL)

Notary Public, _____ County, _____
My Commission Expires _____

PART C MUST BE COMPLETED BY THE SURETY COMPANY

C. FOR ACKNOWLEDGEMENT of Corporate Surety

STATE OF _____)
) ss
COUNTY OF _____)

On this _____ day of _____ personally came _____
and _____ to me personally known, who being by me duly sworn, did say that
he/she is the attorney in fact, of _____, the
corporation whose name is affixed to the foregoing instrument; that the seal affixed to the foregoing instrument is the corporate seal of the
said corporation; and that said instrument was executed in behalf of said corporation by authority of its board of directors and said
_____ acknowledged that he/she executed said instrument as attorney in
fact as the free act and deed of said corporation.

(SEAL)

Notary Public, _____ County, _____
My Commission Expires _____

Instructions for Filling Out Certificate of Insurance

This material can be made available in different forms, such as large print, Braille or on a tape.
To request, call 1-800-342-5354 (DIAL-DLI) Voice or TDD 651-297-4198.

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

1. Select the insured's license type from the available list and enter the insured's license number. Note: New applicants will leave License No blank.
2. The insured name must be the legal name of the business entity as used on the business or contractor license application form and all other forms. If insured is an Individual Proprietor using an assumed name (DBA) both the individual's name and the DBA must appear on the certificate. The business/contractor name that an applicant uses to identify themselves must be filed or registered with Minnesota's Office of the Secretary of State. *Note: Only individual (sole proprietor) or partnership business types using their own true full name(s) of the individual or all partners as part of the business name are not required to be registered with the Office of the Secretary of State.* Contact: 651-296-2803; 1-877-551-6767.
3. The DBA (doing business as) name is the assumed name for the insured entity, if different from the contractor's or business's legal name, as filed or registered with the Minnesota Office of the Secretary of State.
4. Physical street address for the licensed business entity (location from where the business is operated) and mailing address, if different from the physical street address.
5. Insurance policy information must include the policy number, dates of coverage, and the name of the insurance company licensed to do business in the state of Minnesota. The box is required to be checked to certify that the insurance policy meets the minimum statutory insurance requirements detailed on the form.
6. Name of person who certifies insurance coverage (name of agent, corporate officer, or other authorized representative), insurance agent's license number, insurance agency's name and address, insurance agency's phone number.
7. Signature of the agent certifying the insurance coverage and the date certificate was signed.

Certificate of Insurance Laws (Excerpts)

Reprinted below are excerpts of the applicable laws requiring liability insurance for contractor/business licenses regulated by DLI. The laws excerpted below are as enacted or changed by the 2007 Minnesota Legislature and their effective date.

326B.33, Subd. 16 (as amended) – Electrical Contractor, Elevator Contractor, Technology System Contractor

Effective 12/01/2007

Each contractor shall have and maintain in effect general liability insurance, which includes premises and operations insurance and products and completed operations insurance, with limits of at least \$100,000 per occurrence, \$300,000 aggregate limit for bodily injury, and property damage insurance with limits of at least \$50,000 or a policy with a single limit for bodily injury and property damage of \$300,000 per occurrence and \$300,000 aggregate limits. Such insurance shall be written by an insurer licensed to do business in the state of Minnesota and each contractor shall maintain on file with the commissioner a certificate evidencing such insurance which provides that such insurance shall not be canceled without the insurer first giving 15 days written notice to the commissioner of such cancellation. (Minn. Session Laws 2007, Chapter 140, Article 5, Section 20)

326B.46, Subd. 2 (as amended) – Plumbing Business

Effective 12/01/2007

...In addition, each applicant for a master plumber license or renewal thereof, shall provide evidence of public liability insurance, including products liability insurance with limits of at least \$50,000 per person and \$100,000 per occurrence and property damage insurance with limits of at least \$10,000. The insurance shall be written by an insurer licensed to do business in the state of Minnesota and each licensed master plumber shall maintain on file with the commissioner a certificate evidencing the insurance providing that the insurance shall not be canceled without the insurer first giving 15 days written notice to the commissioner. The term of the insurance shall be concurrent with the term of the license. (Minn. Session Laws 2007, Chapter 140, Article 6, Section 8)

326B.921, Subd. 6 (as amended) – High Pressure Piping Business

Effective 12/01/2007

...each applicant for a high pressure pipefitting business license or renewal shall have in force public liability insurance, including products liability insurance, with limits of at least \$100,000 per person and \$300,000 per occurrence and property damage insurance with limits of at least \$50,000. The insurance must be kept in force for the entire term of the high pressure pipefitting business license, and the license shall be suspended by the department if at any time the insurance is not in force. The insurance must be written by an insurer licensed to do business in the state and shall be in lieu of any other insurance required by any subdivision of government for high pressure pipefitting. Each person holding a high pressure pipefitting business license shall maintain on file with the department a certificate evidencing the insurance. Any purported cancellation of insurance shall not be effective without the insurer first giving 30 days' written notice to the department. (Minn. Session Laws 2007, Chapter 140, Article 10, Section 8)

326B.56, Subd. 2(b) (as amended) – Water Conditioning Contractor

Effective 12/01/2007

The insurance shall provide coverage, including products liability coverage, for all damages in connection with licensed work for which the licensee is liable, with personal damage limits of at least \$50,000 per person and \$100,000 per occurrence and property damage insurance with limits of at least \$10,000. The insurance shall be written by an insurer licensed to do business in this state and a certificate evidencing the insurance shall be filed with the commissioner. The insurance must remain in effect at all times while the application is pending and while the license is in effect. The insurance shall not be canceled without the insurer first giving 15 days' written notice to the commissioner. (Minn. Session Laws 2007, Chapter 140, Article 7, Section 5)

326B.86, Subd. 2 (as amended) – Residential Building Contractor, Remodeler, Roofer, Manufactured Home Installer

Effective 8/01/2008

Each licensee shall have and maintain in effect commercial general liability insurance, which includes premises and operations insurance and products and completed operations insurance, with limits of at least \$100,000 per occurrence, \$300,000 aggregate limit for bodily injury, and property damage insurance with limits of at least \$25,000 or a policy with a single limit for bodily injury and property damage of \$300,000 per occurrence and \$300,000 aggregate limits. The insurance must be written by an insurer licensed to do business in this state. Each licensee shall maintain on file with the commissioner a certificate evidencing the insurance which provides that the insurance shall not be canceled without the insurer first giving 15 days' written notice of cancellation to the commissioner. The commissioner may increase the minimum amount of insurance required for any licensee or class of licensees if the commissioner considers it to be in the public interest and necessary to protect the interests of Minnesota consumers. (Minn. Session Laws 2008, Chapter 337, Section 40)

327B.04, Subd. 4(c)(2) (as amended) – Manufactured Home Manufacturer, Manufactured Home Dealer (subagency dealer)

Effective 12/01/2007

...(2) a certificate of liability insurance in the amount of \$1,000,000 that provides coverage for the agency and each subagency location. (Minn. Session Laws 2007, Chapter 140, Article 7, Section 5)

LIABILITY INSURANCE CERTIFICATE EXAMPLES

Individual Proprietors With an Assumed Name

Minnesota Department of Labor and Industry
Construction Codes and Licensing Division
Licensing and Certification Services
PO Box 64228
St. Paul, MN 55164-0228
Phone: (651) 284-5034
Fax: (651) 284-5743
TTY/MRS: (651) 297-4198
E-mail: DLI.License@state.mn.us
www.dli.mn.gov

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	LICENSE NO (if applicable)	POLICY NUMBER (pending)
Residential Contractor/Remodeler		
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)	
WILLIAM SMITH		
DBA ("doing business as" or also known as an assumed name) (if applicable)	<input type="checkbox"/> Check - Mandatory Insurance policy meets the	
WILLIAM SMITH CONTRACTING	STATUTORY REQUIREMENT	
	Policy provides commercial premises and operations ins operations insurance, with limits of at least \$100,000 per occurrence.	



Certific: Covering General L

(This completed Certificate of application form, renewal form coverage. An ACORD form or be accepted.)

Liability Insur
This is to certify has been issue period indicat coverage requi Statutes, sectio

Minnesota Department of Labor and Industry
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www.dli.mn.gov

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	LICENSE NO (if applicable)	POLICY NUMBER (pending is not acceptable)
Residential Contractor/Remodeler		
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)
WILLIAM SMITH CONTRACTING		
DBA ("doing business as" or also known as an assumed name) (if applicable)	<input type="checkbox"/> Check - Mandatory Insurance policy meets the minimum statutory requirements.	
	STATUTORY REQUIREMENT	
	Policy provides commercial general liability insurance, which includes premises and operations insurance and products and completed	



Certificate of Insurance Covering General Liability and Property Damage

(This completed Certificate of Insurance must be submitted with an application form, renewal form or when updating insurance policy coverage. An ACORD form or any other Certificate of Insurance will not be accepted.)

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 326.94, Subd. 2.

Reset

Corporations or Limited Liability Companies Without an Assumed Name

Minnesota Department of Labor and Industry
Construction Codes and Licensing Division
Licensing and Certification Services
PO Box 64228
St. Paul, MN 55164-0228
Phone: (651) 284-5034
Fax: (651) 284-5743
TTY/MRS: (651) 297-4198
E-mail: DLI.License@state.mn.us
www.dli.mn.gov

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	LICENSE NO (if applicable)	POLICY NUMBER (pending is not acceptable)
Residential Contractor/Remodeler		
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)
SERIOUS CONTRACTORS INC		
DBA ("doing business as" or also known as an assumed name) (if applicable)	<input type="checkbox"/> Check - Mandatory Insurance policy meets the minimum statutory requirements.	
	STATUTORY REQUIREMENT	
	Policy provides commercial general liability insurance, which includes premises and operations insurance and products and completed	



Certifica Covering General Li

(This completed Certificate of application form, renewal form coverage. An ACORD form or a be accepted.)

Liability Insuran
This is to certify t has been issued period indicated coverage require Statutes, section

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LICENSE TYPE	LICENSE NO (if applicable)	POLICY NUMBER (pending is not acceptable)
Residential Contractor/Remodeler		
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)
JAMES SMITH		
DBA ("doing business as" or also known as an assumed name) (if applicable)	<input type="checkbox"/> Check - Mandatory Insurance policy meets the minimum statutory requirements.	
SERIOUS CONTRACTORS INC	STATUTORY REQUIREMENT	
	Policy provides commercial general liability insurance, which includes premises and operations insurance and products and completed	



Certificate of Insurance Covering General Liability and Property Damage

(This completed Certificate of Insurance must be submitted with an application form, renewal form or when updating insurance policy coverage. An ACORD form or any other Certificate of Insurance will not be accepted.)

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 326.94, Subd. 2.

Reset

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

LICENSE TYPE	LICENSE NO (if applicable)	POLICY NUMBER (pending)
Residential Contractor/Remodeler		
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)	
SMITH CONSTRUCTION LLC		
DBA ("doing business as" or also known as an assumed name) (if applicable)	<input type="checkbox"/> Check - Mandatory Insurance policy meets the r	
SMITH CONTRACTING	STATUTORY REQUIREMENT	
	Policy provides commercial premises and operations insurance and products and completed	



Certific: Covering General Li

(This completed Certificate of application form, renewal form coverage. An ACORD form or be accepted.)

Liability Insura
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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	LICENSE NO (if applicable)	POLICY NUMBER (pending is not acceptable)
Residential Contractor/Remodeler		
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)
SMITH CONTRACTING		
DBA ("doing business as" or also known as an assumed name) (if applicable)	<input type="checkbox"/> Check - Mandatory Insurance policy meets the minimum statutory requirements.	
SMITH CONSTRUCTION LLC	STATUTORY REQUIREMENT	
	Policy provides commercial general liability insurance, which includes premises and operations insurance and products and completed	



Certificate of Insurance Covering General Liability and Property Damage

(This completed Certificate of Insurance must be submitted with an application form, renewal form or when updating insurance policy coverage. An ACORD form or any other Certificate of Insurance will not be accepted.)

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 326.94, Subd. 2.

Reset

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Certificate of Insurance Covering General Liability and Property Damage

(This completed Certificate of Insurance must be submitted with an application form, renewal form or when updating insurance policy coverage. An ACORD form or any other Certificate of Insurance will not be accepted.)

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.46, Subd. 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	LICENSE NO (if applicable)	POLICY NUMBER (pending is not acceptable)	
Plumbing / Pipelayer			
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 ("doing business as" or also known as an assumed name) (if applicable)		STATUTORY REQUIREMENT	
STREET ADDRESS (no PO Box)		Policy provides public liability insurance (including product liability insurance) with limits of at least \$50,000 per person and \$100,000 per occurrence and property damage insurance with limits of at least \$10,000.	
CITY	STATE	ZIP CODE	
MAILING ADDRESS (if different from above)		NAME OF INSURANCE COMPANY	
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.		MN INSURANCE AGENT'S LICENSE NO.	<input type="checkbox"/> Resident <input type="checkbox"/> Non-resident
		NAME OF INSURANCE AGENCY/CO.	PHONE NUMBER
Cancellation Notwithstanding the expiration dates set forth in this certificate, should this policy be canceled or not renewed, the issuing company will provide <u>15</u> days advance written notice to the Certificate Holder of such cancellation or nonrenewal.		ADDRESS	
		CITY	STATE
		INSURANCE AGENT'S SIGNATURE	DATE

OFFICE USE ONLY
 Date of DLI Receipt

Certificate Holder

Minnesota Department of Labor and Industry
 Construction Codes and Licensing Division
 Licensing and Certification Services
 PO Box 64228
 St. Paul, MN 55164-0228

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Certificate of Compliance Minnesota Workers' Compensation Law

**THIS FORM MUST BE COMPLETED AND SIGNED BY ALL
BUSINESS TYPES**

PRINT IN INK or TYPE.

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. 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.

A valid workers' compensation policy must be kept in effect at all times by employers as required by law.

CONTRACTOR'S LICENSE or CERTIFICATE NO (if applicable)	BUSINESS TELEPHONE NO.	FAX TELEPHONE NO.
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BUSINESS NAME (Use the person(s) name if business structure is sole proprietor or partnership (i.e., John Doe, or John Doe and Jane Doe), otherwise it is the legal name of the business entity.)

DBA ("doing business as" or also known as an assumed name) (if applicable)

BUSINESS ADDRESS (must be physical street address, no PO boxes)	CITY	STATE	ZIP CODE
COUNTY	E-MAIL ADDRESS		

**YOUR LICENSE OR CERTIFICATE WILL NOT BE ISSUED WITHOUT THE
FOLLOWING INFORMATION. You must complete number 1 or 2 below.**

NUMBER 1 – Workers' compensation insurance policy information

INSURANCE COMPANY NAME (not the insurance agent)

POLICY NO.	EFFECTIVE DATE	EXPIRATION DATE
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NUMBER 2 – Reason for exemption from workers' compensation insurance

I am not required to have workers' compensation insurance coverage because:

- I have no employees.
- I am self-insured for workers' compensation (include a copy of authorization to self-insure from the Minnesota Department of Commerce).
- I have employees but they are not covered by the workers' compensation law. (See Minn. Stat. § 176.041 for a list of excluded employees.) Explain why your employees are not covered:

Other: _____

I certify that the information provided on this form is accurate and complete.

APPLICANT SIGNATURE (mandatory)	TITLE	DATE
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NOTE: You must notify us if there is any change to your Workers' Compensation Insurance Information or Employee Status Change by resubmitting this form.

This material can be made available in different forms, such as large print, Braille or on a tape. To request, call 1-800-342-5354 (DIAL-DLI) Voice or TDD (651) 297-4198.