

Minnesota Department of Labor and Industry
Construction Codes and Licensing Division
Licensing and Certification / Sign
443 Lafayette Road North
St. Paul, MN 55155

SIGN CONTRACTOR BOND FILING INSTRUCTIONS

Mailing Address:
PO Box 64227
St. Paul, MN 55164-0227

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

STEP 1 - Starting a Business in Minnesota: Before submitting a new license application you must choose a business structure for your business entity. To obtain more information relating to starting a business in Minnesota you can contact the Minnesota Department of Employment and Economic Development at <http://www.positivelyminnesota.com/Business> or call 651-556-8425.

STEP 2 – Minnesota Secretary of State Office: Before submitting a new license application you will need to contact the Office of the Minnesota Secretary of State at this link; <http://www.sos.state.mn.us//index.aspx?page=92> to obtain information relating to the registration of your business entity or business name in Minnesota. Contact SOS by phone at 651-296-2803 or 1-877-551-6767.

STEP 3 - Tax ID & Employment Insurance - Except for individuals (sole-proprietor) or one-member limited liability companies without employees or taxable sales, all businesses must disclose their Federal Employer Identification Number (FEIN) and their State Tax Identification number. Individuals (sole proprietor) or one member limited liability companies must provide a Social Security number. Tax numbers are available from the state or federal revenue agencies below:

Minnesota Tax Identification Number	651-282-5225
Federal Employer Identification Number	800-829-4933
Employment and Economic Development (Unemployment Insurance)	651-296-6141
Labor and Industry (Workers' Compensation Insurance)	651-284-5032
Revenue (if making retail sales in Minnesota)	651-296-6181 – corporate Sales Tax ID

STEP 4 - Information for use in completing the license application

Legal Business Name:

- **Individual/Sole Proprietor** -The legal business name for all individual proprietors is the full legal name (first, middle, last) of the individual business owner.
- **General Partnerships** - The legal business name of a partnership consisting of two or more individuals, is the full legal names of each partner (first, middle, last) and must include all business partners.
- **All other business types** - The legal business name of a Corporation, Foreign Corporation, Limited Liability Company, Limited Liability Partnership, or Limited Partnerships is the exact business entity name as filed with the Office of the Minnesota Secretary of State

Minnesota Secretary of State (SOS): If your business entity or business name is required to be registered with the SOS, you will need to contact the Office of the Minnesota Secretary of State at this link; <http://www.sos.state.mn.us//index.aspx?page=92> to obtain the required business documentation.

Doing Business As (DBA) Name / Assumed Name: Any business operating by a name other than their full legal business name is also required to file a Certificate of Assumed Name with the Minnesota Secretary of State to obtain authority for use of the assumed name. **NOTE:** Except for individuals and partnerships doing business under their own true full legal first and last name(s), all businesses and assumed (DBA) names must be registered with the Office of the Secretary of State.

Physical Address: Must be the physical address of the business, if different from the main address. This address is the primary physical address for work performed in Minnesota by the holder of the license, certificate, or registration. A PO Box is not acceptable. On the application form, you may designate this address as your public address for the license, certificate, or registration.

Mailing Address: Must be the mailing address for the business entity being licensed, certified, or registered, if different from the main address. This address is the primary mailing address for the holder of the license, certificate, or registration. A PO Box is acceptable. On the application form, you may designate this address as your public address for the license, certificate, or registration.

Minnesota Registered Agent: All applicants **whose business is located outside the state of Minnesota** must provide the name and address of a Minnesota registered agent authorized to receive service of process and give consent to service of process as required by Minn. Stat. § 326B.855.

STEP 5 - Before submitting your bond filing application, carefully read and follow the Application Requirements included with this application packet.

SIGN CONTRACTOR BOND Filing Application Checklist

E-mail: DLI.License@state.mn.us
Web Site: www.dli.mn.gov/cclid.asp
Phone: (651) 284-5034

Incomplete or inaccurate applications will delay processing.

Except for the Certificate of Good Standing and/or Certificate of Assumed Name, all forms and documents must include original signatures.

ALL documentation and fees are required and must be complete and accurate before a license will be issued.

<input type="checkbox"/>	Registration Fee	
	Initial Bond Application (NEW)	\$100.00
	Renewal Bond Application (not expired)	\$100.00
	Renewal Bond Application (expired - includes late fee)	\$150.00
	Reinstate Bond (expired over 12 months includes late fee)	\$150.00

You may upload your business application and pay by credit card, online at the DLI website <https://secure.doli.state.mn.us/license/intro.aspx> or mail your application to DLI, and pay by check or money order payable to the **Department of Labor and Industry**. NOTE: Depositing of a fee does not constitute the granting of a license, certificate, or registration. **CASH IS NOT ACCEPTED BY MAIL OR WALK-IN**

- Minnesota Secretary of State (SOS) Registration / Assumed Name Verification**
Include a computer screen print of the ACTIVE SOS Business Record Detail for your business entity filing and/or the assumed name with your license application. Submit a computer screen print for each SOS business filing. Contact SOS by phone at 651-296-2803 or 1-877-551-6767 or online at www.sos.state.mn.us
- Contractor Application Form**
Application Form - Pages 1 and 2 must be completed and signed by applicant(s). <http://www.dli.mn.gov/CCLD/Forms.asp>
- Disclosure of Business Owners, Partners, Officers and Members Form**
All owners, partners, shareholders, and members owning more than 10 percent in the business must be disclosed. Key officers responsible for the day to day operations for the business entity being licensed, certified or registered must be disclosed.
- Bond**
Must be the original bond form issued, signed, sealed and notarized by the Surety Company and must also be accompanied by the Power of Attorney form. A missing, incomplete or inaccurate bond will cause the application to be deficient and delay processing. Continuation Certificates are no longer accepted. You must complete the bond form in the packet.
- Workers' Compensation Certification of Compliance Form**
The Certificate of Compliance with Minnesota Workers' Compensation Law must be completed and submitted with this application by ALL applicants. Pursuant to M.S. § 176.215, Subd. 1, you may be required to have workers' compensation insurance coverage. **Questions about who is required to have workers' compensation insurance coverage may be answered at 651-284-5032.** Missing, incomplete or inaccurate certificate will cause the application to be deficient and delay processing. This form http://www.dli.mn.gov/cclid/PDF/cclid_lic-04_workcomp.pdf must be completed by EVERY APPLICANT.

NOTE: Applications will not be approved and the license, certificate, or registration applied for will not be issued unless all of the conditions identified on the application and in the applicable sections of Minnesota Statutes, Chapter 326B are in compliance. Pursuant to M.S. § 326B.082, the Department may revoke, suspend or refuse to issue any license granted when the licensee and/or applicant makes a false statement in any license application

This material can be made available in different formats, such as large print, Braille or on audio.



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 Phone: (651) 284-5034

SIGN CONTRACTOR BOND Filing Application

New
 Renewal
 Business Entity Change or Structure Change

- | | |
|---|----------|
| <input type="checkbox"/> New Sign Contractor Bond | \$100.00 |
| <input type="checkbox"/> Renew Sign Contractor Bond (not expired) | \$100.00 |
| <input type="checkbox"/> Renew Sign Contractor Bond (expired - late fee) | \$150.00 |
| <input type="checkbox"/> Reinstate Sign Contractor Bond
(expired over 12 months includes late fee) | \$150.00 |

Depositing of fee does not constitute granting of the certificate applied for. ALL FEES ARE NONREFUNDABLE.

***A late fee is due if the renewal is received by DLI after the expiration date per Minn. Stat. § 326B.092; subd. 3**

SPACE IN BOX FOR OFFICE USE ONLY	
Account Numbers License 632432	STK License B42ELELIC
<input type="checkbox"/> PCK <input type="checkbox"/> CCK <input type="checkbox"/> MO	DLI Deposit Date
NOTICE: Pursuant to Minnesota Statute § 604.113, checks returned for nonpayment will be charged a \$30 service charge and may subject the issuer to additional civil penalties.	
APPLICATION NUMBER:	

The information you as an individual provide in this application will be used by Department of Labor and Industry staff members to determine if you meet the Department's license requirements. Minnesota Statute § 270C.72, subd 4, requires you to provide your Social Security number and Minnesota Business Identification number on this application. The other information is being requested for purposes of processing your application. With the exception of your Social Security or Minnesota Business Identification number, you are not legally required to supply the requested data on this application; however, failure to provide the requested information may delay the processing of your application or result in the denial of the same. Except for your name and designated address, the information you provide on this application is private data while the application is pending. Disclosure of this information to others may occur as authorized or required by law, including but not limited to the Attorney General's Office, the Department of Revenue, the Department of Human Services, upon court order, and/or for the purpose of verification and investigation. Once you have been issued a certificate of exemption, the information you provide, other than your Social Security number and non-designated address, becomes public data and may be released to anyone upon request.

1. MINNESOTA SECRETARY OF STATE (SOS) REGISTRATION: Is your business name(s) registered with SOS? YES NO
 IF "NO" please visit **MN Secretary of State (SOS)** – <http://mbisportal.sos.state.mn.us/> to verify registration or call 651-296-2803 or 1-877-551-6767 for questions about your SOS business registration filing status. Except for individuals and partnerships 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.

2. BUSINESS TYPE: (check only one) **Specify the state business is organized in:** _____

<input type="checkbox"/> Individual Proprietor (IP)	<input type="checkbox"/> Corporation (CORP)	<input type="checkbox"/> Limited Liability Company (LLC)
<input type="checkbox"/> Partnership (PT)	<input type="checkbox"/> Foreign Corporation	<input type="checkbox"/> Foreign Limited Liability Company
<input type="checkbox"/> Limited Liability Partnership (LLP)	<input type="checkbox"/> Other (specify) _____	

3. FEDERAL TAX ID NUMBER (FEIN) (For info call: 1-800-829-4933)	MINNESOTA TAX ID NUMBER (For info call: 651-282-5225)
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If the applicant is an individual proprietor (sole proprietor) or a one-member limited liability company they must provide a Social Security Number.	SOCIAL SECURITY NUMBER
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4. LEGAL BUSINESS NAME OF CONTRACTOR (CORP, LLC, LLP)	FULL LEGAL NAME OF INDIVIDUAL PROPRIETOR (IP) OR PARTNERS (PT)
DBA NAME (Doing business as name / assumed name – if applicable)	DBA NAME (Doing business as name / assumed name – Required)

5. PHYSICAL BUSINESS STREET ADDRESS (PO Box is not acceptable)	CITY	STATE	ZIP CODE
BUSINESS MAILING ADDRESS (PO Box is acceptable - if applicable)	CITY	STATE	ZIP CODE

BUSINESS PHONE NUMBER (public)	OTHER TELEPHONE NUMBER	E-MAIL ADDRESS
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6. ALL OUT OF STATE BUSINESSES, except states that are contiguous (i.e. Iowa, Wisconsin, South Dakota and North Dakota) with Minnesota, must provide the name and address of a registered agent in this state authorized to receive service of process and by ing this application hereby give consent to service of process as required by M.S. § 326B.855.

MINNESOTA REGISTERED AGENT NAME

REGISTERED AGENT'S MINNESOTA ADDRESS	CITY	STATE	ZIP CODE
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BUSINESS PHONE NUMBER (public)	OTHER TELEPHONE NUMBER	E-MAIL ADDRESS
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7. DO YOU HAVE EMPLOYEES? <input type="checkbox"/> YES <input type="checkbox"/> NO	If Yes, UNEMPLOYMENT INSURANCE NUMBER (For Unemployment Insurance information call: 651-296-6141)
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8. Applicant's Contact Person	Contact Person's Telephone Number
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9. Declarations:

This is to certify that the company making this application is in compliance with the provisions of Minnesota Statutes 326B 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 the 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 understand that a Sign Bond registration is a two year registration cycle and that this certificate expires the same day that the bond expires.

I understand that if I am exempt from state licensure requirements, I may be required by a municipality to obtain a local registration or license prior to becoming eligible to obtain a permit.

I understand that a Sign Bond is NOT a license and that I am prohibited from advertising as a licensed contractor unless I or my company holds a municipal license.

I understand that I am required and may be requested to provide the Department of Labor and Industry with additional information to verify qualification for this Sign Bond.

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

One of the officers listed on the attached **Disclosure of Business Owners, Partners, Officers and Members Form** must sign below as the applicant. If the business type is a partnership then all partners must sign.

PRINT APPLICANT NAME	APPLICANT SIGNATURE	TITLE	DATE
PRINT APPLICANT NAME	APPLICANT SIGNATURE	TITLE	DATE

This material can be made available in different formats, such as large print, Braille or on Audio.



Mailing Address:
 PO Box 64227
 St. Paul, MN 55164-0227

Disclosure of Business Owners, Partners, Officers and Members

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

This form must be completed by all business types.

Minnesota Statutes § 270C.72, Subd. 4, requires the Department of Labor and Industry to require contractor license applicants to provide their Minnesota Business Identification Number and the social security numbers of all individual owners, partners, officers, and other members of the business entity, who are liable for delinquent taxes. The Department of Revenue may order the Department to revoke or not issue the license of any applicant who has not filed tax returns or is delinquent in paying taxes. An individual's Social Security Number is classified as private data and will only be supplied to the Minnesota Department of Revenue, which may supply this information to the Internal Revenue Service, or may occur as authorized or required by law. Failure to supply the required information may delay or prevent the Department from processing the original or renewal application. Once you have been issued a certificate of exemption, all information on this form with the exception of your social security number and nondesignated address becomes public data and may be released to anyone upon request.

LEGAL BUSINESS NAME OF CONTRACTOR (CORP, LLC, LLP) or Full Legal Name of Individual Proprietor (IP) or Partners (PT)

DBA NAME (Doing business as name / assumed name – if applicable)

PHYSICAL BUSINESS ADDRESS (PO Box not accepted)	CITY	STATE	ZIP CODE
BUSINESS TELEPHONE NUMBER	EMAIL ADDRESS		

LIST ALL Owners, Officers, Partners, and Members (copy this form if more space is needed)

LAST NAME (include suffix Jr., Sr., I, II etc.)	FIRST NAME	MIDDLE NAME	SOCIAL SECURITY # (mandatory)	DATE OF BIRTH (mandatory)
RESIDENTIAL ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE NO

Is the residential address a non-deated (Private) address? Yes No **If yes, you must provide a designated (Public) address.**

DEATED (Public) ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE NO
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APPLICANT SIGNATURE (mandatory)	TITLE (owner, partner, officer, or member, etc...)	DATE
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LAST NAME (include suffix Jr., Sr., I, II etc.)	FIRST NAME	MIDDLE NAME	SOCIAL SECURITY # (mandatory)	DATE OF BIRTH (mandatory)
RESIDENTIAL ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE NO

Is the residential address a non-deated (Private) address? Yes No **If yes, you must provide a designated (Public) address.**

DEATED (Public) ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE NO
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APPLICANT SIGNATURE (mandatory)	TITLE (owner, partner, officer, or member, etc...)	DATE
--	--	------

LAST NAME (include suffix Jr., Sr., I, II etc.)	FIRST NAME	MIDDLE NAME	SOCIAL SECURITY # (mandatory)	DATE OF BIRTH (mandatory)
RESIDENTIAL ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE NO

Is the residential address a non-deated (Private) address? Yes No **If yes, you must provide a designated (Public) address.**

DEATED (Public) ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE NO
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APPLICANT SIGNATURE (mandatory)	TITLE (owner, partner, officer, or member, etc...)	DATE
--	--	------

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PRINT IN INK or TYPE

Sign Contractor Bond



CC0516

BOND NO.	AMOUNT	EFFECTIVE DATE	ENDING DATE
	\$8,000.00		

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 **EIGHT THOUSAND DOLLARS (\$8,000.00)** 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 ass 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.

NOW THEREFORE, the condition of this obligation is such that WHEREAS the said Principal has contracted to perform installation of signs within the state of Minnesota, then the Principal shall faithfully and lawfully comply with the requirements provided in Minnesota Statute 326B.865 and all applicable local or state code requirements when performing work in the state of Minnesota 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 requirements of the state or local codes relating to sign installation, then no obligation under this bond shall accrue; otherwise this bond shall remain in full force and effect.

During the term of this obligation the Principal and Surety will pay unto the persons injured or suffering financial loss the amount needed to correct non-complying work. The aggregate liability of the Surety hereunder pertains to all claims, regardless of the number of claims made against the bond or the number of years the bond remains in force, shall in no event exceed the total sum of **EIGHT THOUSAND DOLLARS (\$8,000.00)**.

The bond must be renewed biennially and maintained for so long as determined by the commissioner. The aggregate liability of the surety on the bond to any and all persons, regardless of the number of claims made against the bond, may not exceed the annual amount of the bond. The bond may be cancelled as to future liability by the surety upon 30 days written notice mailed to the commissioner by giving written notice by Certified Mail, addressed to the Principal at the address as stated in the bond, and to the Department of Labor and Industry, Construction Codes and Licensing Division, 443 Lafayette Road No., St. Paul, MN 55155. Thirty (30) days after the mailing of that notice, this bond shall be null and void as to any liability thereafter arising, the Surety remaining liable, however, subject to all the terms, conditions, and provisions of this bond, for any and all acts covered by this bond up to the date of the cancellation. The Surety shall notify the Principal and the Department of Labor and Industry if it has made any payments on the bond which result in the value of the bond falling below the minimum amount required by law.

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 _____



CC0515

Mailing Address:
PO Box 64227
St. Paul, MN 55164-0227

Certificate of Compliance Minnesota Workers' Compensation Law

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

**THIS FORM MUST BE COMPLETED AND ED 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 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 REGISTRATION 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 NAME (Doing business as name / assumed name – if applicable)

BUSINESS ADDRESS (must be physical street address, no PO boxes)	CITY	STATE	ZIP
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COUNTY	E-MAIL ADDRESS
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**YOUR LICENSE OR REGISTRATION 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)	NAIC Number	
POLICY NO.	EFFECTIVE DATE	EXPIRATION DATE

NUMBER 2 – Reason for exemption from workers' compensation insurance

If you have questions regarding the need to obtain workers' compensation coverage, including exemptions, contact 651.284.5032:

- I have no employees. (See Minn. Stat. § 176.011, subd. 9 for the definition of an employee)
- 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 audio.