



CC0512

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## Certificate of Insurance Covering General Liability and Property Damage

**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<br><br><b>Water Conditioning Contractor</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 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)                                                            |
| DBA ("doing business as" or also known as an assumed name) (if applicable)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                         | <input type="checkbox"/> <b>Check - Mandatory</b><br>Insurance policy meets the minimum statutory requirements.                                                                                                                                          |                                                                            |
| STREET ADDRESS (no PO Box)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                         | STATUTORY REQUIREMENT<br><br>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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | This certificate or memorandum of insurance does not affirmatively or negatively amend, extend, or alter the coverage afforded by the insurance policy. |                                                                                                                                                                                                                                                          |                                                                            |
| MAILING ADDRESS (if different from above)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                         | NAME OF INSURANCE COMPANY                                                                                                                                                                                                                                | NAIC ID                                                                    |
| CITY STATE ZIP CODE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | INSURANCE AGENT'S NAME (Print)                                                                                                                          |                                                                                                                                                                                                                                                          |                                                                            |
| <b>Data Practices Notice</b><br>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<br><input type="checkbox"/> Non-resident |
| <b>Cancellation</b><br>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. |                                                                                                                                                         | 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

This insurance form has been filed with the Minnesota Department of Commerce pursuant to Minnesota Statutes, section 60A.39, Subd. 5.