

Construction Codes and Licensing Division
 Licensing and Certification Services
 443 Lafayette Road North
 PO Box 64217
 St. Paul, MN 55164-0217



Certificate of Insurance Covering General Liability and Property Damage

E-mail: dli.license@state.mn.us
 Website: 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.33, Subd.16.

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 Technology System Contractor	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 NAME (Doing business as name / assumed name – if applicable)		Check - Mandatory Insurance policy meets the minimum statutory requirements.	
STREET ADDRESS (no PO Box)		STATUTORY REQUIREMENT Policy provides 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 \$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.	
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.		INSURANCE AGENT'S NAME (Print)	
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.	Resident 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

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