

CERTIFICATE OF COMPLIANCE WITH MINNESOTA WORKERS' COMPENSATION LAW

<https://www.revisor.mn.gov/statutes/cite/176.182>

We are required by law to obtain the information requested below. If the information is not provided, we will not enter into any contract with the Contractor for the doing of any public work.

If the information is not reported, or is falsely reported, it may result in the assessment of a \$2,000 penalty, payable to the Minnesota Commissioner of Labor and Industry, all as provided in Minnesota Statute §176.182.

Contractor must complete one of the below, sign, and return to the County:

- If Contractor has workers' compensation insurance coverage, check this section and complete the below information:

Insurance Company _____

Policy Number _____

Dates of Coverage: _____

OR

- If the Minnesota Commissioner of Commerce has permitted Contractor to be self-insured, with respect to workers' compensation liability, check this section, and send a copy of the permit to the County contact listed within your Contract

OR

- If Contractor does not have workers' compensation insurance coverage and the Minnesota Commissioner of Commerce has not permitted Contractor to be self-insured with respect to workers' compensation liability, check this section and one of the options below:
 - Contractor is the State or a municipal subdivision of the State;
 - Contractor has no employees; or
 - Contractor has no employees covered by workers' compensation.

Person signing this certificate, on behalf of Contractor, certifies the information provided above is true and correct.

<u>CONTRACTOR SIGNATURE REQUIRED</u>	
_____ <i>Name</i>	
_____ <i>Title</i>	_____ <i>Date</i>