



Workers' Compensation Insurance Coverage Information

The Minnesota Department of Labor and Industry requires licensees to provide the Minnesota State Fair with either proof of Workers' Compensation insurance coverage or a reason for their exemption from this requirement. (Please refer to page 10 in your Information Manual.)

You have two options:

- Provide a certificate of insurance reflecting your Workers' Compensations insurance coverage
- or
- If you are exempt from Workers' Compensation insurance requirements, complete sections A and B of the Certificate of Compliance on the back of this page and return it to us by July 1st.

The Minnesota State Fair group insurance policy does not provide Worker's Compensation coverage.

Please complete this form with your signature and return it with your license agreement.

You may also return by Fax or email.

Email address - sales@mnstatefair.org

Fax number - 651-642-2440

Certificate of Compliance Minnesota Workers' Compensation Law

THIS FORM MUST BE COMPLETED BY THE BUSINESS LICENSE APPLICANT

PRINT IN INK or TYPE

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

MN State Fair Lic. Number	Business telephone number On file, no need to complete this section	Alternate telephone number On file, no need to complete this section
Business name (Provide the legal name of the business entity. If the business is a sole proprietor or partnership, provide the owner's name(s), for example John Doe, or John Doe and Jane Doe.)		
DBA ("doing business as" or "also known as" an assumed name), if applicable		
Business address (must be physical street address, no P.O. boxes) On file, no need to complete this section.	City On file, no need to complete this section.	State ZIP code On file, no need to complete this section.
County	Email address On file, no need to complete this section.	

If you do not provide us with a workers' comp. certificate, then please complete the areas indicated.

B **Number 2 – Reason for exemption from workers' compensation insurance**

If you have questions regarding the need to obtain workers' compensation coverage, including exemptions, call (651) 284-5032 or 1-800-342-5354.

- I have no employees. (See [Minnesota Statute § 176.011, subd. 9](#) for the definition of an employee.)
- I am self-insured for workers' compensation (attach a copy of the authorization to self-insure from the [Minnesota Department of Commerce](#)).
- I have employees but they are not covered by the workers' compensation law. (See [Minnesota Statute § 176.041](#) for a list of excluded employees.) Explain why your employees are not covered:

I certify the information provided on this form is accurate and complete. If I am signing on behalf of a business, I certify I am authorized to sign on behalf of the business.

Print name

Applicant signature (required)	Title	Date
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NOTE: You must notify the authority issuing your license if there is any change to your workers' compensation insurance information or an employee status change by resubmitting this form. This material can be made available in different forms, such as large print, Braille or audio.