DEPARTMENT OF LABOR AND INDUSTRY
Construction Codes and Licensing Division
Licensing and Certification Services
443 Lafayette Road North
St. Paul, MN 55155

Mailing Address:
PO Box 64217
St. Paul, MN 55164-0217

E-mail: dli.license@state.mn.us
Web Site: www.dli.mn.gov
Phone: (651) 284-5034

CC0512

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.86, 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
Residential Contractor/Remodeler

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)

☐ **Check - Mandatory**

Insurance policy meets the minimum statutory requirements.

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 $25,000 or a policy with a single limit for bodily injury and property damage of $300,000 per occurrence and $300,000 aggregate limits.

This certificate or memorandum of insurance does not affirmatively or negatively amend, extend, or alter the coverage afforded by the insurance policy.

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

STREET ADDRESS (no PO Box)

CITY **STATE** **ZIP CODE**

MAILING ADDRESS (if different from above – PO Box accepted)

CITY **STATE** **ZIP CODE**

NAME OF INSURANCE COMPANY

NAIC ID

INSURANCE AGENT'S NAME (Print)

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

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.

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.

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.