

## Instructions for Filling Out Certificate of Insurance

This material can be made available in different forms, such as large print, Braille or on a tape.  
To request, call 1-800-342-5354 (DIAL-DLI) Voice or TDD 651-297-4198.

### **Form must be completed by the insurance agent or insurance company, not by the policyholder.**

Important: Policyholder must add an endorsement to policy to provide notice to the department of labor and industry (Certificate Holder name and address) if the insurer cancels or non-renews the policy subject to the terms of the policy.

1. In the License No field, enter the insured's license number. Note: New applicants will leave License No blank.
2. The insured name must be the legal name of the business entity as used on the business or contractor license application form and all other forms. If insured is an Individual Proprietor using an assumed name (DBA) both the individual's name and the DBA must appear on the certificate. The business/contractor name that an applicant uses to identify themselves must be filed or registered with Minnesota's Office of the Secretary of State. *Note: Only individual (sole proprietor) or partnership business types using their own true full name(s) of the individual or all partners as part of the business name are not required to be registered with the Office of the Secretary of State.* Contact: 651-296-2803; 1-877-551-6767.
3. The DBA (doing business as) name is the assumed name for the insured entity, if different from the contractor's or business's legal name, as filed or registered with the Minnesota Office of the Secretary of State.
4. Physical street address for the licensed business entity (location from where the business is operated) and mailing address, if different from the physical street address.
5. Insurance policy information must include the policy number, dates of coverage, and the name of the insurance company licensed to do business in the state of Minnesota. The box is required to be checked to certify that the insurance policy meets the minimum statutory insurance requirements detailed on the form.
6. Name of person who certifies insurance coverage (name of agent, corporate officer, or other authorized representative), insurance agent's license number, insurance agency's name and address, insurance agency's phone number.
7. Signature of the agent certifying the insurance coverage and the date certificate was signed.

## Certificate of Insurance Laws (Excerpts)

Reprinted below are excerpts of the applicable laws requiring liability insurance for contractor/business licenses regulated by DLI.

### **326B.33, Subd. 16 (as amended) – Electrical Contractor, Elevator Contractor, Technology System Contractor**

**Effective 1/1/2011**

Each contractor shall have and maintain in effect 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. Such insurance shall be written by an insurer licensed to do business in the state of Minnesota and each contractor shall maintain on file with the commissioner a certificate evidencing such insurance. In the event of a policy cancellation, the insurer shall send written notice to the commissioner at the same time that a cancellation request is received from or a notice is sent to the insured.

### **326B.46, Subd. 2 (as amended) – Plumbing Business**

**Effective 1/1/2011**

...In addition, each applicant for a master plumber license or renewal thereof, shall provide evidence of public liability insurance, including products 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. The insurance shall be written by an insurer licensed to do business in the state of Minnesota and each licensed master plumber shall maintain on file with the commissioner a certificate evidencing the insurance. In the event of a policy cancellation, the insurer shall send written notice to the commissioner at the same time that a cancellation request is received from or a notice is sent to the insured.

### **326B.56, Subd. 2(b) (as amended) – Water Conditioning Contractor**

**Effective 1/1/2011**

The insurance shall provide coverage, including products liability coverage, for all damages in connection with licensed work for which the licensee is liable, with personal damage limits of at least \$50,000 per person and \$100,000 per occurrence and property damage insurance with limits of at least \$10,000. The insurance shall be written by an insurer licensed to do business in this state and a certificate evidencing the insurance shall be filed with the commissioner. The insurance must remain in effect at all times while the application is pending and while the license is in effect. In the event of a policy cancellation, the insurer shall send written notice to the commissioner at the same time that a cancellation request is received from or a notice is sent to the insured.

### **326B.86, Subd. 2 (as amended) – Residential Building Contractor, Remodeler, Roofer, Manufactured Home Installer**

**Effective 1/1/2011**

Each licensee shall have and maintain in effect 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. The insurance must be written by an insurer licensed to do business in this state. Each licensee shall maintain on file with the commissioner a certificate evidencing the insurance. In the event of a policy cancellation, the insurer shall send written notice to the commissioner at the same time that a cancellation request is received from or a notice is sent to the insured. The commissioner may increase the minimum amount of insurance required for any licensee or class of licensees if the commissioner considers it to be in the public interest and necessary to protect the interests of Minnesota consumers.

### **326B.921, Subd. 6 (as amended) – High Pressure Piping Business**

**Effective 1/1/2011**

...each applicant for a high pressure pipefitting business license or renewal shall have in force public liability insurance, including products liability insurance, with limits of at least \$100,000 per person and \$300,000 per occurrence and property damage insurance with limits of at least \$50,000. The insurance must be kept in force for the entire term of the high pressure pipefitting business license, and the license shall be suspended by the department if at any time the insurance is not in force. The insurance must be written by an insurer licensed to do business in the state and shall be in lieu of any other insurance required by any subdivision of government for high pressure pipefitting. Each person holding a high pressure pipefitting business license shall maintain on file with the department a certificate evidencing the insurance. In the event of a policy cancellation, the insurer shall send written notice to the commissioner at the same time that a cancellation request is received from or a notice is sent to the insured.

### **327B.04, Subd. 4(c)(2) (as amended) – Manufactured Home Manufacturer, Manufactured Home Dealer (subagency dealer)**

**Effective 1/1/2011**

...(2) a certificate of liability insurance in the amount of \$1,000,000 that provides coverage for the agency and each subagency location. In the event of a policy cancellation, the insurer shall send written notice to the commissioner at the same time that a cancellation request is received from or a notice is sent to the insured.

# LIABILITY INSURANCE CERTIFICATE EXAMPLES

## Individual Proprietors With an Assumed Name

|   |                            |  |   |   |   |  |  |
|---|----------------------------|--|---|---|---|--|--|
| Minnesota Department of Labor and Industry<br>Construction Codes and Licensing Division<br>Licensing and Certification Services<br>PO Box 64228<br>St. Paul, MN 55164-0228<br>Phone: (651) 284-5034<br>Fax: (651) 284-5743<br>TTY/MRS: (651) 297-4198<br>E-mail: DLILicense@state.mn.us<br>www.dli.mn.gov |                            | <b>Certific:</b><br><b>Covering General L</b>  |   | Minnesota Department of Labor and Industry<br>Construction Codes and Licensing Division<br>Licensing and Certification Services<br>PO Box 64228<br>St. Paul, MN 55164-0228<br>Phone: (651) 284-5034<br>Fax: (651) 284-5743<br>TTY/MRS: (651) 297-4198<br>E-mail: DLILicense@state.mn.us<br>www.dli.mn.gov |   | <b>Certificate of Insurance</b><br><b>Covering General Liability and Property Damage</b>   |  |
| <b>EXAMPLE</b>  |                            | <b>EXAMPLE</b>   |   | <b>EXAMPLE</b>  |   | <b>EXAMPLE</b>   |  |
| PRINT IN INK or TYPE your responses.<br>Unreadable or illegible certificates will be denied.<br><b>Form must be completed by the insurance agent or insurance company, <u>not</u> by the business/contractor.</b>   |                            | Liability Insur<br>This is to certify<br>has been issue<br>period indicat<br>coverage requi<br>Statutes, sectio                |   | PRINT IN INK or TYPE your responses.<br>Unreadable or illegible certificates will be denied.<br><b>Form must be completed by the insurance agent or insurance company, <u>not</u> by the business/contractor.</b>   |   | Liability Insurance Coverage<br>This is to certify that the insurance policy listed below<br>has been issued to the named insured for the policy<br>period indicated and that the policy meets the minimum<br>coverage requirements applicable under Minnesota<br>Statutes, section 326.94, Subd. 2. |  |
| LICENSE TYPE  | LICENSE NO (if applicable) | POLICY NUMBER (pending   | LICENSE TYPE  | 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)  | 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)  |  |
| WILLIAM SMITH   |                            | <input type="checkbox"/> Check - Mandatory<br>Insurance policy meets the i   | WILLIAM SMITH CONTRACTING   |   | <input type="checkbox"/> Check - Mandatory<br>Insurance policy meets the minimum statutory requirements.                            |  |  |
| DBA ("doing business as" or also known as an assumed name) (if applicable)  |                            | STATUTORY REQUIREME  | DBA ("doing business as" or also known as an assumed name) (if applicable)  |   | STATUTORY REQUIREMENT   |  |  |
| WILLIAM SMITH CONTRACTING   |                            | Policy provides commercial premises and operations ins operations insurance, with limits of at least \$100,000 per occurrence. | WILLIAM SMITH CONTRACTING   |   | Policy provides commercial general liability insurance, which includes premises and operations insurance and products and completed |  |  |

## Corporations or Limited Liability Companies Without an Assumed Name

|   |                            |  |   |   |   |  |  |
|---|----------------------------|--|---|---|---|--|--|
| Minnesota Department of Labor and Industry<br>Construction Codes and Licensing Division<br>Licensing and Certification Services<br>PO Box 64228<br>St. Paul, MN 55164-0228<br>Phone: (651) 284-5034<br>Fax: (651) 284-5743<br>TTY/MRS: (651) 297-4198<br>E-mail: DLILicense@state.mn.us<br>www.dli.mn.gov |                            | <b>Certificat</b><br><b>Covering General Lia</b>   |   | Minnesota Department of Labor and Industry<br>Construction Codes and Licensing Division<br>Licensing and Certification Services<br>PO Box 64228<br>St. Paul, MN 55164-0228<br>Phone: (651) 284-5034<br>Fax: (651) 284-5743<br>TTY/MRS: (651) 297-4198<br>E-mail: DLILicense@state.mn.us<br>www.dli.mn.gov |   | <b>Certificate of Insurance</b><br><b>Covering General Liability and Property Damage</b>   |  |
| <b>EXAMPLE</b>  |                            | <b>EXAMPLE</b>   |   | <b>EXAMPLE</b>  |   | <b>EXAMPLE</b>   |  |
| PRINT IN INK or TYPE your responses.<br>Unreadable or illegible certificates will be denied.<br><b>Form must be completed by the insurance agent or insurance company, <u>not</u> by the business/contractor.</b>   |                            | Liability Insuran<br>This is to certify t<br>has been issued i<br>period indicat<br>coverage requir<br>Statutes, section |   | PRINT IN INK or TYPE your responses.<br>Unreadable or illegible certificates will be denied.<br><b>Form must be completed by the insurance agent or insurance company, <u>not</u> by the business/contractor.</b>   |   | Liability Insurance Coverage<br>This is to certify that the insurance policy listed below<br>has been issued to the named insured for the policy<br>period indicated and that the policy meets the minimum<br>coverage requirements applicable under Minnesota<br>Statutes, section 326.94, Subd. 2. |  |
| LICENSE TYPE  | LICENSE NO (if applicable) | POLICY NUMBER (pending is  | LICENSE TYPE  | 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)  | 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)  |  |
| SERIOUS CONTRACTORS INC   |                            | <input type="checkbox"/> Check - Mandatory<br>Insurance policy meets the mi  | JAMES SMITH   |   | <input type="checkbox"/> Check - Mandatory<br>Insurance policy meets the minimum statutory requirements.                            |  |  |
| DBA ("doing business as" or also known as an assumed name) (if applicable)  |                            | STATUTORY REQUIREMEN   | DBA ("doing business as" or also known as an assumed name) (if applicable)  |   | STATUTORY REQUIREMENT   |  |  |
| SERIOUS CONTRACTORS INC   |                            | Policy provides commercial ge premises and operations insur operations insurance, with lim                               | SERIOUS CONTRACTORS INC   |   | Policy provides commercial general liability insurance, which includes premises and operations insurance and products and completed |  |  |

## Corporations or Limited Liability Companies With an Assumed Name

|   |                            |   |   |   |   |  |  |
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| <b>EXAMPLE</b>  |                            | <b>EXAMPLE</b>  |   | <b>EXAMPLE</b>  |   | <b>EXAMPLE</b>   |  |
| PRINT IN INK or TYPE your responses.<br>Unreadable or illegible certificates will be denied.<br><b>Form must be completed by the insurance agent or insurance company, <u>not</u> by the business/contractor.</b>   |                            | Liability Insura<br>This is to certify<br>has been issue<br>period indicat<br>coverage requir<br>Statutes, sectio |   | PRINT IN INK or TYPE your responses.<br>Unreadable or illegible certificates will be denied.<br><b>Form must be completed by the insurance agent or insurance company, <u>not</u> by the business/contractor.</b>   |   | Liability Insurance Coverage<br>This is to certify that the insurance policy listed below<br>has been issued to the named insured for the policy<br>period indicated and that the policy meets the minimum<br>coverage requirements applicable under Minnesota<br>Statutes, section 326.94, Subd. 2. |  |
| LICENSE TYPE  | LICENSE NO (if applicable) | POLICY NUMBER (pending  | LICENSE TYPE  | 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)   | 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)  |  |
| SMITH CONSTRUCTION LLC  |                            | <input type="checkbox"/> Check - Mandatory<br>Insurance policy meets the i  | SMITH CONTRACTING   |   | <input type="checkbox"/> Check - Mandatory<br>Insurance policy meets the minimum statutory requirements.                            |  |  |
| DBA ("doing business as" or also known as an assumed name) (if applicable)  |                            | STATUTORY REQUIREME   | DBA ("doing business as" or also known as an assumed name) (if applicable)  |   | STATUTORY REQUIREMENT   |  |  |
| SMITH CONTRACTING   |                            | Policy provides commercial premises and operations insurance and products and completed                           | SMITH CONSTRUCTION LLC  |   | Policy provides commercial general liability insurance, which includes premises and operations insurance and products and completed |  |  |