

Minnesota Department of Labor and Industry
Construction Codes and Licensing Division
Licensing and Certification Services
443 Lafayette Road North
St. Paul, MN 55155
Phone: (651) 284-5034
Fax: (651) 284-5743
www.dli.mn.gov
dli.license@state.mn.us

Certificate of Compliance Minnesota Workers' Compensation Law

**THIS FORM MUST BE COMPLETED AND SIGNED BY ALL
BUSINESS TYPES**

PRINT IN INK or TYPE.

Minnesota Statutes, Section 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business or engage in any activity 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 valid workers' compensation policy must be kept in effect at all times by employers as required by law.

CONTRACTOR'S LICENSE or CERTIFICATE NO (if applicable) 20626264	BUSINESS TELEPHONE NO. 816.246.4545	FAX TELEPHONE NO. 877.205.7663
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BUSINESS NAME (Use the person(s) name if business structure is sole proprietor or partnership (i.e., John Doe, or John Doe and Jane Doe), otherwise it is the legal name of the business entity.) ASI Contracting, Inc.
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DBA ("doing business as" or also known as an assumed name) (if applicable)
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BUSINESS ADDRESS (must be physical street address, no PO boxes) 1461 92nd Ave NE	CITY Blaine	STATE MN	ZIP CODE 55449
COUNTY Anoka	E-MAIL ADDRESS mlnussbeck@aspenscontractinginc.com		

**YOUR LICENSE OR CERTIFICATE WILL NOT BE ISSUED WITHOUT THE
FOLLOWING INFORMATION. You must complete number 1 or 2 below.**

NUMBER 1 – Workers' compensation insurance policy information

INSURANCE COMPANY NAME (not the insurance agent) Argonaut Insurance		
POLICY NO. WC92-744-832906	EFFECTIVE DATE 07/01/2010	EXPIRATION DATE 07/01/2011

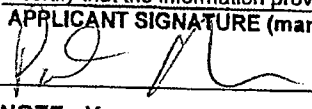
NUMBER 2 – Reason for exemption from workers' compensation insurance

If you have questions regarding the need to obtain workers' compensation coverage, including exemptions, contact 651.284.5032.

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

Other: _____

I certify that the information provided on this form is accurate and complete.

APPLICANT SIGNATURE (mandatory) 	TITLE VICE PRESIDENT	DATE 7/8/10
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NOTE: You must notify us if there is any change to your Workers' Compensation Insurance Information or Employee Status Change by resubmitting this form.

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.
LIC 04 (12/09)

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Certificate of Insurance Covering General Liability and Property Damage


(This completed Certificate of Insurance must be submitted with an application form, renewal form or when updating insurance policy coverage. An ACORD form or any other Certificate of Insurance will not be accepted.)

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	LICENSE NO (if applicable)	POLICY NUMBER (pending is not acceptable)	
Residential Contractor/Remodeler	20626264	CSU0020035	
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.) ASI Contracting, Inc.		FROM (mm/dd/yyyy)	TO (mm/dd/yyyy)
		07/01/2010	07/01/2011
DBA ("doing business as" or also known as an assumed name) (if applicable)		<input checked="" type="checkbox"/> Check - Mandatory Insurance policy meets the minimum statutory requirements.	
STREET ADDRESS (no PO Box)		STATUTORY REQUIREMENT	
1461 92nd Ave NE		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.	
CITY	STATE	ZIP CODE	This certificate or memorandum of insurance does not affirmatively or negatively amend, extend, or alter the coverage afforded by the insurance policy.
Blaine	MN	55449	
MAILING ADDRESS (if different from above)		NAME OF INSURANCE COMPANY	
4141 NE Lakewood Way		Cincinnati Specialty Underwriters	
CITY	STATE	ZIP CODE	INSURANCE AGENT'S NAME (Print)
Lee's Summit	MO	64064	David Parkhurst
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.		MN INSURANCE AGENT'S LICENSE NO.	<input type="checkbox"/> Resident
		40156134	<input checked="" type="checkbox"/> Non-resident
		NAME OF INSURANCE AGENCY/CO.	PHONE NUMBER
		Insurance & Benefits Group	816.525.3155
ADDRESS		252 NW Executive Way	
CITY	STATE	ZIP CODE	
Lee's Summit	MO	64063	
INSURANCE AGENT'S SIGNATURE		DATE	
		07/07/2010	

OFFICE USE ONLY
 Date of DLI Receipt

Certificate Holder

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