Washington County Public Health & Environment
14949 62nd Street North, Stillwater, MN 55082
T: 651-430-6655 | F: 651-430-6730
www.co.washington.mn.us/publichealth

WORKERS' COMPENSATION INSURANCE COVERAGE INFORMATION

Please type or print clearly.

Pursuant to Minn. Stat. § 176.182, the information on this form must be collected **ANNUALLY** for the Commissioner of the Minnesota Department of Labor and Industry. Pursuant to Minn. Stat. § 13.04, subd. 2 and Public Law 93-579 § 7, you are informed that:

- Incomplete or falsely reported information may be cause to deny the issuance, or renewal of your license;
- The Department will supply it only to authorized agencies; and
- Failing to supply this information, or supplying false information, may result in a $2,000 penalty assessed by the Commissioner of the Department of Labor and Industry.

Complete the required fields below and return with your LICENSE APPLICATION or LICENSE RENEWAL.

1. **Business or Applicant Name**: Name of the Company or individual owner of the business.

2. **Workers' Compensation Insurance Company Name and Address**:

3. **Workers' Compensation Policy Number**:

4. **Policy Effective Date**:

5. **Policy Expiration Date**:

☐ **Check here if you do not need Workers' Compensation Insurance coverage**
Reason: