



WHITE BEAR TOWNSHIP
1281 HAMMOND ROAD
White Bear Township, MN 55110
Phone: 651-747-2750
Fax: 651-426-2258

PLUMBING
COMPANY: _____

ADDRESS:

PHONE:

The Following Persons Are Authorized To Sign Permits Under My License/Company
Name:

OWNER (SIGNATURE)

DATE

You must submit copies of the following:

1. Master Plumbers License (State of Minnesota)
2. State Bonding
3. Certificate of Insurance (Listing White Bear Township as the Certificate Holder)

Certificate of Compliance Minnesota Workers' Compensation Law

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. The required workers' compensation insurance information is the name of the insurance company, the policy number, and the dates of coverage, or the permit to self-insure. 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.

BUSINESS NAME (Individual name only if no company name used)	LICENSE OR PERMIT NO (if applicable)
DBA (doing business as name) (if applicable)	

BUSINESS ADDRESS (PO Box must include street address)	CITY	STATE	ZIP CODE
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YOUR LICENSE OR CERTIFICATE WILL NOT BE ISSUED WITHOUT THE FOLLOWING INFORMATION. You must complete number 1, 2 or 3 below.

NUMBER 1 COMPLETE THIS PORTION IF YOU ARE INSURED:

INSURANCE COMPANY NAME (not the insurance agent)		
WORKERS' COMPENSATION INSURANCE POLICY NO.	EFFECTIVE DATE	EXPIRATION DATE

NUMBER 2 COMPLETE THIS PORTION IF SELF-INSURED:

I have attached a copy of the permit to self-insure.

NUMBER 3 COMPLETE THIS PORTION IF EXEMPT:

I am not required to have workers' compensation insurance coverage because:

- I have no employees.
- 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: _____

ALL APPLICANTS COMPLETE THIS PORTION:

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

APPLICANT SIGNATURE (mandatory)	TITLE	DATE
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NOTE: If your Workers' Compensation policy is cancelled within the license or permit period, you must notify the agency who issued the license or permit 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.

**WHITE BEAR TOWNSHIP
CONTRACTOR'S INSURANCE REQUIREMENTS**

Township Ordinance requires that before any person, firm or corporation shall engage in the business of doing or performing specified construction or building trades in White Bear Township, they must first obtain a contractor's license.

NO LICENSE SHALL BE GRANTED, OR BECOME EFFECTIVE, UNTIL THE APPLICANT PROVIDES THE TOWNSHIP WITH A CERTIFICATE OF PUBLIC LIABILITY INSURANCE THAT MEETS THE FOLLOWING REQUIREMENTS: *See additional requirements for Excavators, Sewer and Water Contractors, and Wreckers

1. Certificate Holder must be listed as:

WHITE BEAR TOWNSHIP
1281 HAMMOND ROAD
WHITE BEAR TOWNSHIP, MN 55110

2. Certificate must clearly state that said insurance shall not be cancelled without ten (10) days prior written notice to White Bear Township.
3. Coverage Limits for Public Liability Insurance are as follows:

\$ 500,000 Per Person – Bodily Injury
\$1,000,000 Per Occurrence

\$ 500,000 Property Damage Per Occurrence
OR

\$ 500,000 Single Limit Liability for Bodily Injury and Property Damage

***A Certificate of Insurance Naming White Bear Township as an Additional Insured Is Required for the following Contractors:** 1. Outside Sewer and Water Installers, 2. Excavators (for basements, grading of lots, foundations, swimming pool installers, etc.), 3. Wrecking of Buildings. *The Certificate of Insurance shall be stated as follows: "White Bear Township, its Officers, and Employees".

All **Sewer and Water Contractors** must also provide evidence of a \$25,000 State Plumbing Code Compliance Bond, and copy of Master Plumbers License or Pipe Layers Card.

All **Heating, Air Conditioning, and/or Gas Installers** must provide a Gas Competency Card and documentation that they have obtained a \$25,000 State Mechanical Surety Bond.

State Law requires all applicants to present acceptable evidence of Workers' Compensation Insurance Coverage.