



Workers' Compensation Coverage Application & Agreement

MRCI-CDS has included your eligible workers* under MRCI-CDS workers' compensation coverage group with the Nonprofit Insurance Trust (NIT).

Agreement Effective: _____

This workers' compensation coverage will remain in force from the agreement effective date listed above, and will automatically renew each policy year, unless notice is received from you to MRCI-CDS and provided to the Nonprofit Insurance Trust to terminate coverage. Until such termination notice (should that occur), all premiums shall remain due and payable to MRCI-CDS.

PLEASE COMPLETE THE FOLLOWING:

FEIN Holder Name:	
FEIN #:	
Address:	
City, State Zip:	

Workers' compensation coverage will be established for your eligible employees who are not listed as excluded under Minnesota Statute 176.041 subd. 1.* *Any spouse, parent, or child of a sole proprietor is automatically exempted from workers' compensation coverage under Minnesota statutory law, unless coverage is elected in the affirmative on this statement. (optional coverage is checked "yes" below to provide optional coverage for parent(s), child(ren), and/or spouse).*

If coverage is elected for exempted* workers, coverage will be provided for an additional premium. (coverage may not be added for the sole proprietor)

Must check one:

Yes No

FEIN Holder chooses to elect **optional** workers' compensation coverage for eligible parent(s), spouse, and/or child(ren) for an additional premium. (A "Statement of No Known Losses" must be submitted should this answer change during the agreement period and coverage be requested at a later date. A new application form must be submitted acknowledging this change in election.)

Signature of FEIN Holder *Printed name of FEIN Holder* *Date*

Signature of Representative for FEIN Holder *Relationship* *Date*
(If FEIN Holder is unable to sign)

If the date this form is provided to the Nonprofit Insurance Trust is greater than seven (7) calendar days from the above agreement date by MRCI-CDS, a "Statement of No Known Losses" is required to back-date coverage signed by the FEIN Holder or their authorized representative.

*[EXCERPT] MN § 176.041 EXCLUDED EMPLOYMENTS; APPLICATION, EXCEPTIONS, ELECTION OF COVERAGE.
 (4) a sole proprietor, or the spouse, parent, and child, regardless of age, of a sole proprietor [is excluded]