Attestation Form

Minnesota Workers Compensation Assigned Risk Plan (MWCARP)

For Zero Estimated Exposure Policy Applications and Renewals

Required under Minnesota Statute 79.101 Section 1 for employers submitting a new application or renewal for a "Zero Estimated Exposure Policy" (defined in Minnesota Statute 176.011, Subd. 19a).

Requirements and Responsibilities

- **Zero Estimated Exposure Policy** – This is an insurance policy that an employer obtains to cover the employer's liability for workers' compensation payments under Minnesota law where the employer reports its total estimated payroll exposure is zero dollars.
- **Attestation Required** – The MWCARP requires with, or as part of, each completed application for a Zero Estimated Exposure Policy a statement signed by the employer attesting to the accuracy of the information on the application, including the employer's absence of employees and estimated exposure of zero payroll. MN Statutes 79.101 Subd. 2.
- **Employer Responsibilities:**
  - You must provide a signed Attestation Form with your application for workers compensation insurance prior to binding and issuing the insurance policy. This Attestation may be signed by electronic signature, which shall be considered an original signature for all purposes. Without limitation, "electronic signature" shall include electronically scanned and transmitted (for example, via PDF) versions of an original signature and the use of specialized electronic signature platforms and applications which offer secure and verifiable means of signing documents.
  - You must complete the Attestation Form annually for each renewal insurance policy if you maintain a workers compensation policy with zero estimated payroll.
  - You must provide written notification to each person or entity you contract with to perform construction or improvement services. This notice must include confirmation of your zero estimated payroll exposure and a copy of the policy.
  - Persons or entities receiving this notification are required to retain both the written notice and the policy for three years from the date they are received.

Attestation Statement

I, the undersigned, attest that I am the above-named employer or duly authorized officer or director of the above-named employer, and that the information included in the application form or renewal information reflects the absence of employees and zero estimated payroll exposure for workers' compensation insurance. I hereby attest to the following:

"I attest that all information provided on this application (or renewal policy) is current, true, correct, accurate, and completed to the best of my knowledge and belief. I further attest that I (or the named Employer) have no employees and an estimated exposure of zero dollars. If I (or the named Employer) employ any employees during the policy period, I (or the named Employer) must provide within 60 days of the employment written notification to my (or the named Employer's) workers' compensation insurer of the employment, including estimated payroll and classification codes of my (or the named Employer's) employees. I understand that omissions or misrepresentations with intent to defraud on this application are a crime under Minnesota Statutes, section 609.611."

Signature (Employer Only)

Legal Name of Employer (including DBA): _____

Employer Address: _____

City: _____ State: _____ ZIP Code: _____

Signature: _____ Date: _____

Name (print): _____

Title: _____

Sign and Date

Policies that include the employer's total estimated exposure amount for a zero-estimated exposure policy and the employer's reported construction classification codes for a zero-estimated exposure policy are now classified as public data. This information will be viewable through the Minnesota Department of Labor and Industry look-up tool.

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POLICY NUMBER: