



WE MAKE WORKERS' COMP WORK

AGENT APPLICATION CHECKLIST

We are unable to approve membership for any prospect unless **ALL OF THE FOLLOWING INFORMATION HAS BEEN PROVIDED**, prior to the effective date of coverage.

Prospect/Member Name: _____

Agent Name: _____ Agency: _____

- TBG Application Form & All Required Attachments
 - Original Signed Application for Membership in a Commercial Self-Insurance Group 79A(2)
 - Original Signed & Notarized Financial Verification Form
 - Original Signed Indemnity Agreement
 - Proxy Form
 - TBG Contact Form
 - Signed Election of Coverage Form
 - Subcontractor Requirements
- Current Declarations Page from Insurance Policy to prove continuous coverage
- Compiled, Reviewed or Audited Financial Statements or Federal Income Tax Forms with Schedules
- Check for 20% Security Deposit
- Membership Committee Authorization (*TBG Responsibility*)

If all of the above items are not received, we may not be able to provide coverage for the prospect. No agent is authorized to place coverage-in-force.



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APPLICATION FOR MEMBERSHIP IN A COMMERCIAL SELF-INSURANCE GROUP 79A(2)

- 1. Legal Name of Member:
2. Mailing Address:
3. Business Description (brief narrative):

Applicant is:

- Corporation (specify state and date of incorporation)
State: Date:
Individual - Sole Proprietor
Partnership
Other:

3a. MN Unemployment #: Federal Income Tax Id:

4. Number of Employees covered by workers' compensation:

5. Does applicant have an account or any other amount past due or in dispute with Assigned Risk Plan or other workers' compensation insurer? Yes No

6. Submit copy of current workers' compensation policy.

7. Indicate the type of financial statement the member submitted to the group: Audited or reviewed: Compiled: Tax Returns

8. Fiscal year end date: (If fiscal year end date is more than six months prior to applicant's proposed effective date, submit to the group the enclosed signed affidavit required under Minn. Stat. 79A.21, Subd. 2(g).)

STATE OF MINNESOTA, COUNTY OF:

The undersigned, says: That to the best of his/her knowledge and belief, the information contained in this statement is true and documents submitted herewith are true copies of originals thereof.

(Legal Name of Applicant)
By: (Signature)
Its: (Title)



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FINANCIAL VERIFICATION

Internal financial statements may be submitted at the time of application for binding of coverage. Compiled, reviewed, or audited financial statements or Federal Income Tax Forms with Schedules must be submitted annually to maintain membership in the program.

As an officer of _____ I hereby certify that I submitted financial information to The Builders Group accountant that accurately described my company's financial status as of _____. I further certify that there have been no materials lessening of net worth nor other adverse changes in the financial condition since the end of the above-referenced period.

Name (PLEASE PRINT)

Title (PLEASE PRINT)

Signature; *By typing your name you're authorizing via digital signature.*

Date



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INDEMNITY AGREEMENT FORM
INDIVIDUAL AND PROPORTIONATE INDEMNITY AGREEMENT

WHEREAS, _____ has agreed to be and has been accepted as a member of **The Builders Group** (TBG).

WHEREAS _____ has agreed to be bound by all of the provisions of the Minnesota Workers' Compensation Act and all rules promulgated thereunder.

WHEREAS that, _____ has agreed to be bound by the bylaws or plan of operation and all amendments thereto of **The Builders Group** (TBG);

NOW THEREFORE, IT IS AGREED that:

1. _____ shall be jointly and severally liable for all claims and expenses of all the members of **The Builders Group** (TBG) arising in any fund year in which _____ is a member of the commercial self-insurance group.
2. **The Builders Group** (TBG) shall assess _____ on an individual and proportionate basis for its share of the total liability of the commercial self-insurance group.
3. In the event that _____ is not a member for the full year, it shall be only liable for a pro rata share of that liability.

IN WITNESS WHEREOF, the _____ and **The Builders Group** (TBG) have caused this indemnity agreement to be executed by its authorized officers:

BY: _____

COMPANY: _____

DATE: _____

BY: _____
Chairman, **The Builders Group** (TBG)

DATE: _____



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MEMBER CONTACT INFORMATION

Company Name: _____

Description: _____

Corporate Contact: _____

Phone: _____

Email: _____

Mailing Address: _____

City, State, Zip: _____

Billing Contact: _____

Phone: _____

Email: _____

Billing Address: _____

City, State, Zip: _____

Loss Control Contact: _____

Phone: _____

Email: _____

Business Address: _____

City, State, Zip: _____

Claims Contact: _____

Phone: _____

Email: _____



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MINNESOTA WORKERS' COMPENSATION ELECTION FORM

Member Name: _____ Agreement #: _____

Minnesota workers' compensation laws exclude from coverage: sole-proprietors, partners, certain executive officers of family farms and small closely held corporations, certain members of limited liability companies and any of the above persons' spouses, parents and children. Such persons may elect to provide coverage for themselves and their spouses, parents or children by completing the information below.

Name of Person to be Insured	Title or Relationship	Duties	Estimated Payroll or Draw
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Name of Person <u>NOT</u> to be Insured	Title or Relationship
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

By electing coverage, it is understood that premium will be charged in accordance with appropriate classifications and rates on compensation to the above-named individuals as determined by manual rules.

Date: _____

Signature of Self-Insured Member: _____

By typing your name you're authorizing via digital signature.



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SUBCONTRACTOR REQUIREMENTS

Subcontractors working on the job sites of any member of The Builders Group are required to furnish "Certificates of Insurance" for workers' compensation insurance coverage to the member. Our members must keep current certificates of insurance on file for all subcontractors.

Premium charges will be incurred for all uninsured subcontractors. Payments to uninsured subcontractors and their employees must be reported and premium paid on the monthly payroll and billing statements submitted to The Builders Group.

Workers' compensation Premium is charged on uninsured subcontractors as follows:

- 100% of all bills which do not show a breakdown of labor and materials
- 50% of labor on bills showing a breakdown of labor and materials and 90% on bills showing labor only
- 10% of all casual labor

An uninsured subcontractor is any contractor who does not provide a member with a valid and current "Certificate of Insurance" showing that the subcontractor has workers' insurance coverage.

It is strongly recommended that you don't use uninsured subcontractors. Uninsured subcontractors represent extensive liabilities from which your workers' compensation may not protect you. The liabilities outweigh any savings you may receive by using uninsured subcontractors.

Current Minnesota law requires all employers in the construction industry that are required to be licensed by the Minnesota Department of Labor, and who have one or more employees carry workers' compensation insurance. Please refer to Minnesota State Statute 176.215.

Note: Although the law may allow certain individuals to exempt themselves from carrying workers' compensation coverage, The Builders Group requires all subcontractors and labor to furnish certificates of workers' compensation insurance coverage. The Builders Group members will be charged for them as outlined above.

I hereby acknowledge, have read, and understand the information in this document. My agent explained and I further understand that it is my sole responsibility to inform my accountant and/or person responsible for completing and paying my monthly reporting and billing statement and premium audit of this requirement.

By typing your name you're authorizing via digital signature.

Member Signature: _____

Agent Signature: _____

Member Name: _____

Agreement Number: _____