



WE MAKE  
WORKERS' COMP **WORK**

## Enrollment Application Checklist

We are unable to approve membership for any prospect unless the following information has been provided, prior to the effective date of coverage.

Prospect Name: \_\_\_\_\_

Agent Name: \_\_\_\_\_

Agency: \_\_\_\_\_

- Compiled, Reviewed or Audited Financial Statements or Federal Income Tax Forms with Schedules
- Signed Financial Verification Form
- Signed Indemnity Agreement Form
- Member Contact Form
- Signed Election of Coverage
- Signed Subcontractors Requirements Form
- Current declarations page to prove continuous coverage
- 20% Security Deposit in the form of electronic payment (ACH) or check.

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



## 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 (TBG) 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



**INDEMNITY AGREEMENT FORM**  
**INDIVIDUAL AND PROPORTIONATE INDEMNITY AGREEMENT**

WHEREAS, \_\_\_\_\_ has agreed to be and has been accepted as a member of 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 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. 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 TBG have caused this indemnity agreement to be executed by its authorized officers:

BY: \_\_\_\_\_

COMPANY: \_\_\_\_\_

DATE: \_\_\_\_\_

BY: \_\_\_\_\_  
**The Builders Group (TBG)**

DATE: \_\_\_\_\_



## TBG Member Contact Information

Please provide contact information for each function and check the box if portal access is needed.

**Company Name:** \_\_\_\_\_

**Member Number:** \_\_\_\_\_

<b>Corporate Contact</b> (main contact for general TBG communications) <input type="checkbox"/> Needs Portal Access	
Corporate Contact Name	
Phone	
Email	
Street Address	
City, State Zip	

<b>Billing Contact</b> (person responsible for reporting payroll) <input type="checkbox"/> Needs Portal Access	
Billing Contact Name	
Phone	
Email	
Street Address	
City, State Zip	

<b>Safety Services Contact</b> <input type="checkbox"/> Needs Portal Access	
Safety Services Contact Name	
Phone	
Email	
Street Address	
City, State Zip	

<b>Claims Contact</b> <input type="checkbox"/> Needs Portal Access	
Claims Contact Name	
Phone	
Email	

<b>Audit Contact</b> <input type="checkbox"/> Needs Portal Access	
Audit Contact Name	
Phone	
Email	



## MINNESOTA WORKERS' COMPENSATION ELECTION FORM

Member Name: \_\_\_\_\_

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 **NOT** 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.*



## SUBCONTRACTOR REQUIREMENTS

Subcontractors working on the job sites of any member of TBG 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 TBG.

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

- 100% of the amount paid to contract workers/subcontracted workers who are not set up as a business
- 90% of the amount paid to subcontractors who provided labor only
- 50% of the amount paid to subcontractors who provided labor and materials
- 25% of the amount paid for mobile equipment with operators

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, TBG requires all subcontractors and labor to furnish certificates of workers' compensation insurance coverage. TBG 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: \_\_\_\_\_