

# NOTICE

## RE: CHANGES TO THE APPLICATION / RENEWAL PROCESS

### **ATTESTATION FORM required for all Zero-Estimated Exposure Policies**

**Effective January 1, 2026**, a new law (HF 3228) will go into effect in Minnesota regarding workers' compensation insurance applications and renewals, including those used by the **Minnesota Workers' Compensation Assigned Risk Plan (MWCARP)** for zero estimated exposure policy applications and renewals. These changes are required under Minnesota Statute 79.101 Subd. 1 for employers submitting a new application or renewal for a "Zero Estimated Exposure Policy" (defined in Minnesota Statute 176.011, Subd. 19a).

The MWCARP requires with, or as part of, each completed application for a Zero Estimated Exposure Policy, a signed statement by the applicant attesting to the accuracy of the information on the application, including the applicant's absence of employees and estimated exposure of zero payroll. MN Statutes 79.101 Subd. 2. Failure to comply with this requirement will suspend your application and may delay workers' compensation coverage through MWCARP.

#### **Employer Responsibilities:**

- You must provide a signed Attestation Form with your application for workers compensation insurance prior to binding and issuing the insurance policy.
- 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.

**Questions Regarding Change:** Please contact the MWCARP Plan Administrator at 612-202-7192 or via email at [mwcarpadministrator@aon.com](mailto:mwcarpadministrator@aon.com).

#### **For Application Assistance:**

(952) 897-1737 (option 2)

[assignedrisk@mwcia.org](mailto:assignedrisk@mwcia.org)

# 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

