

June 27, 2002

ALL ASSOCIATION MEMBERS

Circular Letter 02-1387

RE: Minnesota Information Page WC 22 00 01

The Minnesota Department of Commerce has approved the above filing effective 12:01 A.M., June 1, 2002 for all new and renewal business. A copy of the approved form is attached.

The purpose of this filing is to provide our members with a new format that will match the requirements set forth in Minnesota Rules, Section 5222.2001. That Rule addresses the situation in which a carrier wishes to use the Policy Information Page to provide proof of insurance coverage to the Minnesota Department of Labor and Industry. Filing proof of coverage is mandated by Minn. Stat. § 176.185, subd. 1 (2001), however, that proof of coverage can be provided through the Association. The Minnesota Rule only applies when a paper version of the Policy Information Page is used for this filing purpose with the Minnesota Department of Labor and Industry. In that case, the attached form, which contains certain minimum information, must be used.

If a carrier wishes to use this form for filing proof of coverage with the Minnesota Department of Labor and Industry and on its issued policies.

A carrier may use this form for both the issuance of a policy and for filing proof of coverage with the Minnesota Department of Labor and Industry. If a carrier makes this election, changes in the format of the attached Policy Information Page form are not allowed.

If a carrier wishes to use its own Policy Information Page when issuing a policy.

A carrier may use its own version of the Policy Information Page when issuing a policy of workers' compensation insurance in Minnesota. In order to make sure that a carrier's Policy Information Page complies with other provisions of the standard workers' compensation policy, each carrier's Policy Information Page must, **at a minimum**, comply with the sequence of Items 1 through 4 of WC 00 00 01 which may not be changed.

In order to be assured that it has on file a complete set of all Policy Information Pages currently in use on Minnesota issued policies, the Minnesota Commerce Department has directed that all

carriers must file with the Minnesota Commerce Department **before** September 1, 2002 a copy of the Policy Information Page currently in use by the carrier.

This filing requirement applies even if you have previously filed that form with the Minnesota Commerce Department. Although this filing requirement will only be used to assure that all versions of the Policy Information Page are currently on file with the Department, carriers are reminded that the filing must be accompanied by a Minnesota Property Casualty Transmittal Form. Please refer to the Minnesota Department of Commerce Bulletin 96-3. A copy of that Bulletin is available on the Department's website at www.commerce.state.mn.us.

Please direct any questions you may have concerning this item to one of our underwriters at 952-897-1737 or by e-mailing our office at info@mwcia.org.

A NOTICE TO MEMBERSHIP:

The Minnesota Department of Commerce requests that MWCIA remind its members that the above filing only applies automatically to insurance companies who have filed a Limited Power of Attorney with our Commerce Department. A properly executed Limited Power of Attorney authorizes MWCIA to make filings on behalf of individual insurance companies. Any insurance company who has not filed a Limited Power of Attorney must independently submit the changes represented in each filing item to the Minnesota Department of Commerce for their approval.

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INFORMATION PAGE

THIS INFORMATION PAGE IS DESIGNED FOR FILING PROOF OF COVERAGE WITH THE MINNESOTA DEPARTMENT OF LABOR AND INDUSTRY. FORM WC 00 00 01 IS THE INFORMATION PAGE A CARRIER MAY USE ON ISSUED POLICIES BUT MAY NOT USE FOR FILING SUCH PROOF OF COVERAGE.

Insurer:

POLICY NO.

Insurer office issuing policy:

Type of action: ☐ New Policy ☐ Correction ☐ Binder ☐ Reinstatement ☐ Expiration ☐ Cancellation ☐ Termination
☐ Other _____

1. The insured: ☐ Individual ☐ Partnership ☐ Corporation or _____

Mailing address:

As applicable list each doing business as (d/b/a), owner or partner, or general partner if insured is a limited partnership:

Federal employee identification no. (FEIN) _____ Unemployment account no. (IU) _____

Other working place not shown above:

2. The policy period is from _____ to _____ at the insured's mailing address.

3. A. Workers Compensation Insurance: Part One of the policy applies to the workers Compensation law of the States listed here:

B. Employers Liability Insurance: Part Two of the policy applies to work in each state listed in Item 3.A. The limits of our liability under Part Two are:

Bodily Injury by Accident \$ _____ each accident
 Bodily Injury by Disease \$ _____ policy limit
 Bodily Injury by Disease \$ _____ each employee

C Other States Insurance: Part Three of the policy applies to the states, if any, listed here:

D. This policy includes these endorsements and schedules:

E. Type, reason and effective date of cancellation, if applicable:

4. The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit.

Classifications	Code No.	Premium Basis Total Estimated Annual Remuneration	Per Rate \$100 of Remuneration	Estimated Annual Premium
Total Estimated Annual Premium \$				

Minimum Premium \$

Expense Constant \$

Countersigned by _____

**MINNESOTA INFORMATION PAGE NOTES
FOR WC 22 00 01**

Minnesota Rules 5222.2001 provide that if an insurer wishes to file the policy declaration sheet with the Department of Labor and Industry to comply with its statutory obligations to file proof of coverage, the policy declaration sheet must contain certain information. This form complies with the requirements of that regulation and may be used for that purpose.