

NOTICE

New Law

Regarding Employee Leasing Registration

**Pursuant to Minn. Stat. 79.255, Subd. 1
Effective July 1, 1992**

“A corporation, partnership, sole proprietorship, or other business entity which provides staff, personnel, or employees to be employed in this state to other businesses pursuant to a lease arrangement shall, before becoming eligible to be issued a policy of workers’ compensation insurance or becoming eligible to secure coverage on a multiple coordinated policies basis, register with the Commissioner of Commerce.”

For Registration Forms you may contact the:

Minnesota Department of Commerce
85 7th Place East
Suite 280
St. Paul, MN 55101-2198

Phone: Marie Douglas (651) 539-1743
Fax: (651) 539-1550

ELR #: _____

**State of Minnesota
Employee Leasing Company
Registration Form**

As required by Minn. Stat. 79.255, Subd. 1, effective July 1, 1992
“A corporation, partnership, sole proprietorship, or other businesses pursuant to a lease arrangement or agreement shall, before becoming eligible to be issued a policy of workers’ compensation insurance or becoming eligible to secure coverage on a multiple coordinated policies basis, register with the commissioner of commerce.”

Pursuant to Minn. Stat. §79.255, Subd. 10, a **\$100 registration fee** shall be paid. The fee shall be in the form of a check payable to the Minnesota Department of Commerce.

Please provide the following information. You may attach additional pages to this form as needed.

1. Name of Lessor: _____

2. Address of Principal Place of Business: _____

Phone Number: () _____ Fax Number: () _____
E-mail: _____

3. Address of each office maintained in the State of Minnesota

4. Lessor’s Taxpayer or Employer Identification Number _____

5. Include a list by jurisdiction of each and every name that the lessor has operated under in the preceding five (5) years including any alternative names and names of predecessors and, if known, successor business entities:

6. List of each person or entity who owns a five percent (5%) or greater interest in the employee leasing business at the time of application and a list of each person who formerly owned a five percent or greater interest in the employee leasing company or its predecessors, or alter egos in the preceding five years:

7. List of each and every cancellation or non-renewal of workers' compensation insurance which has been issued to the lessor or any predecessor in the preceding five years. The list shall include the policy or certificate number, name of insurer or other provider of coverage, date of cancellation, and reason for cancellation. **If coverage has not been canceled or nonrenewed, the Registration shall include a sworn affidavit signed by the Chief Executive Office of the Lessor attesting to that fact.**

NOTE:

ADVERTISING PROHIBITION. No organization registered under this section shall directly or indirectly reference that registration in any advertisements, marketing material, or publications.

INELIGIBILITY TO REGISTER. Any lessor or employees whose workers' compensation insurance has been terminated within the past five years in any jurisdiction due to a determination that any employee leasing arrangement was being utilized to avoid premium otherwise payable by lessees shall be ineligible to register with the commissioner or to remain registered, if previously registered.

Please return the completed form to:

Minnesota Department of Commerce/Employee Leasing Company Registration
Attention: Marie Douglas
85 7th Place East, Suite 280
St. Paul, MN 55101-2198
Phone: (651) 539-1743 Fax: (651) 539-1550

NOTE: Persons filing Registration Statements have the obligations to promptly notify the Commissioner of Commerce of material changes in the information required to be provided on this form. If you are unclear as to whether a change is material or not, notify the commissioner to be certain of compliance.

Name (Printed): _____
(Person completing this form on behalf of lessor.)

Title: _____
(Must be corporate officer, partner or sole proprietor.)

Signature of Registrant: _____
(Person completing this form on behalf of lessor.)

Date Signed: _____

SAMPLE AFFIDAVIT
For Question #7 – If Applicable

Please transfer to company letterhead

EMPLOYEE LEASING COMPANY REGISTRATION

I the undersigned, (Name of Individual) , (Title) of (Name of Company) affirm the fact that our company has never had Workers' Compensation coverage canceled or non-renewed in the preceding five years.

It is sworn and attested to that the above facts and statements are true and accurate.

Name/Title (Chief Executive Officer, Partner
or Sole Proprietor)

Date

Notary Public Signature/Stamp

Date