OWNER (OCIP) AND CONTRACTOR (CCIP) – CONTROLLED INSURANCE PROGRAM APPLICATION WORKSHEET

1. Provide documentation of the estimated aggregate value of the project.

2. The aggregate value of the project must be in excess of $100,000,000.

   Minn. Stat. §79.102, subd. 3(a)(1)

3. Please specify the type of project and list the location or locations. The project must be specific construction, erection, or demolition project at a single location or multiple related locations.

   Minn. Stat. §79.102. subd. 3(a)(2)

4. Please provide the declarations page for each employer that is a part of the program, so that we can verify the projects combined workers' compensation premium. Submit declarations pages in alphabetical order by name of each contractor or subcontractor to facilitate cross referencing with other items required in this application. The project must generate a combined $500,000 or more in annual written workers' compensation premiums in Minnesota for the policies issued to all employers as part of the program.

   Minn. Stat. §79.102, subd. 3(a)(3)

5. If any of the project sponsors, contractors, or subcontractors have been convicted of a crime involving insurance fraud as defined in section 609.611, please provide details for each such sponsor, contractor, and or subcontractor.

   Minn. Stat. §79.102, subd. 3(a)(4)

6. Please provide evidence that the program's proposed insurer's rates and rating plan for the program have been approved by the commissioner of the Minnesota Department of Commerce. A letter from the insurer citing the SERFF Tracking Number(s) would be considered an appropriate form of evidence.

   Minn. Stat. 79.102, Subd. 3(a)(5)

7. Please provide the following information for each individual contractor and subcontractor. Please list the contractors and subcontractors in alphabetical order.
   a. the name of the proposed insurer;
   b. the project location and address;
   c. the project sponsor name, address, and telephone number;

d. addresses and telephone numbers for all contractors and subcontractors in the program;
e. estimated project duration;
f. estimated payroll for the project;
g. estimated number of employees for the project;
h. classification code or primary business code for the project;
i. list professional or occupational licenses for all contractors in the program in alphabetical order;
j. If any professional or occupational license or occupational license discipline for contractors in the program, please list the name of the individual or entity that was disciplined, the type of license involved, and the type of discipline.
k. If any legal entities in the program have entered into bankruptcy or receivership proceedings, list the name of the individual entity.
l. Every three months during the course of a project of an approved project, the project sponsor or general contractor must provide to the commissioner any updates to the application information required by items 7.a. to k.

Minn. Stat. 79.102, subd. 3(b)

8. A non-refundable application fee of $2,500 must be submitted for each application. A check made payable to the Minnesota Department of Commerce. Checks should be sent to:

Minnesota Department of Commerce
85 7th Place East, Suite 280
Saint Paul, MN 55101

Attn: Workers' Compensation Occupational and Contractor Controlled Insurance Program