



Minnesota Workers' Compensation
Insurers Association, Inc.
7701 France Avenue South • Suite 450
Minneapolis, MN 55435-3200

July 14, 2009

ALL ASSOCIATION MEMBERS

Circular Letter No. 09-1557

**RE: Minnesota Alternate Employer Endorsement (Excluding Employers Liability Coverage)
WC 22 03 06**

The Minnesota Department of Commerce has approved the above filing to become effective 12:01 a.m., August 1, 2009, for new and renewal business. The purpose of this filing is to create a new, optional Minnesota Alternate Employer Endorsement (Excluding Employers Liability Coverage) WC 22 03 06 form.

Periodically, member carriers submit requests to MWCIA for additional coverage forms in Minnesota. The above form was submitted by a member carrier with a request that it be filed and approved for use in Minnesota. MWCIA staff, along with the Minnesota Forms Task Force, reviewed this form and recommended that it be approved and included in the ***Minnesota Forms Manual***. The Minnesota Forms Task Force was created a number of years ago and consists of member carriers with the purpose of assisting with the review of workers' compensation coverage forms submitted to MWCIA.

The Minnesota Alternate Employer Endorsement (Excluding Employers Liability Coverage) WC 22 03 06 is an offshoot of the Alternate Employer Endorsement (WC 00 03 01 A) which has been approved in Minnesota since 1989. The difference between the two forms is that the Minnesota Alternate Employer Endorsement (Excluding Employers Liability Coverage) WC 22 03 06 leaves Part 2 (employers liability coverage) with the alternate employer. The premise of the form is the insured does not want to be held liable for the actions of the alternate employer that gave rise to the employers liability claim. Negligence by the alternate employer is not something the insured can control and as such does not want to bear the burden under their policy.

Attached are a copy of the Minnesota Alternate Employer Endorsement (Excluding Employers Liability Coverage) WC 22 03 06 and an updated index of the ***Minnesota Forms Manual***.

If you have any questions regarding this item, please contact one of our Member & Customer Service's staff by calling 952.897.1737 (Option 1) or by emailing info@mwcia.org.

MINNESOTA ALTERNATE EMPLOYER ENDORSEMENT
[EXCLUDING EMPLOYERS LIABILITY COVERAGE]

This endorsement applies only with respect to bodily injury to your employees while in the course of special or temporary employment by the alternate employer in the state named in Item 2 of the Schedule. Part One (Workers Compensation Insurance) will apply as though the alternate employer is insured. If an entry is shown in Item 3 of the Schedule the insurance afforded by this endorsement applies only to work you perform under the contract or at the project named in the Schedule.

Under Part One (Workers Compensation Insurance) we will reimburse the alternate employer for the benefits required by the workers compensation law if we are not permitted to pay the benefits directly to the persons entitled to them.

The insurance afforded by this endorsement is not intended to satisfy the alternate employer's duty to secure its obligations under the workers compensation law. We will not file evidence of this insurance on behalf of the alternate employer with any government agency.

We will not ask any other insurer of the alternate employer to share with us a loss covered by this endorsement.

Premium will be charged for your employees while in the course of special or temporary employment by the alternate employer.

The policy may be canceled according to its terms without sending notice to the alternate employer.

Part Four (Your Duties If Injury Occurs) applies to you and the alternate employer. The alternate employer will recognize our right to defend under Part One and our right to inspect under Part Six.

Schedule

- | | Address |
|---|---------|
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| 2. State of Special or Temporary Employment | |
| 3. Contract or Project | |

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MINNESOTA FORMS MANUAL

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