



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

February 2, 2011

**ALL ASSOCIATION MEMBERS**

Circular Letter No. 11-1587

**RE: Partners, Officers And Others Exclusion Endorsement (WC 00 03 08)**

The Minnesota Department of Commerce (Commerce) has approved the above filing to become effective 12:01 a.m., March 1, 2011, for new and renewal business. The purpose of this filing is to include the **optional** Partners, Officers And Others Endorsement (WC 00 03 08) in the **Minnesota Forms Manual**.

Periodically, parties submit requests to MWCIA for additional coverage forms in Minnesota. The above form was submitted 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 prior to our seeking MWCIA Board of Director and Commerce approval. 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.

We wish to emphasize that the Partners, Officers And Others Endorsement (WC 00 03 08) is an **optional** form, allowing each carrier to decide whether or not they want to utilize this form when writing workers' compensation insurance in the state of Minnesota.

Attached is a copy of the Partners, Officers And Others Endorsement (WC 00 03 08) and an updated index of the **Minnesota Forms Manual**.

If you have any questions regarding this item, please contact one of our Member & Customer Services staff by calling 952.897.1737 (Option 1) or by emailing [underwriting@mwcia.org](mailto:underwriting@mwcia.org).

**A NOTICE TO MEMBERSHIP:**

MWCIA would like to remind our membership, who have filed a Limited Power of Attorney with the Minnesota Department of Commerce, that no materials referenced in this Circular Letter are required to be independently filed with the Department.

**PARTNERS, OFFICERS AND OTHERS EXCLUSION ENDORSEMENT**

The policy does not cover bodily injury to any person described in the Schedule.

The premium basis for the policy does not include the remuneration of such persons.

You will reimburse us for any payment we must make because of bodily injury to such persons.

Schedule

**Partners**

**Officers**

**Others**

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

**(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)**

Endorsement  
Insured

Effective Policy No.

Endorsement No.  
Premium

Insurance Company

Countersigned by \_\_\_\_\_

**WC 00 03 08**  
(Ed. 4-84)

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**MINNESOTA FORMS MANUAL**

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