www.nitmn.org

Nonprofit Insurance Trust

Application for Admission
Workers' Compensation Pool

Producer:
NPIA, Inc. dba: Nonprofits' Insurance Agency
21034 Heron Way, Ste 107 Lakeville, MN 55044
Ph: (952) 469-5963 Fax: (952) 469-4553

Items required for Minnesota Workers Compensation Proposal:
A. Completed "Application for Admission" B. Loss runs/experience for past five (5) years C. Premium history for the past three (3) years

I. Applicant Information - Complete each field regarding proposed applicant.

1.

Name of Organization | *Organization Contact* | *Email*

2.

Address | ***City*** | ***State*** | ***Zip*** | *Website*

3.

Telephone/Fax | *501c3? Yes/No* | *Expiration Date of Current W/C Coverage?* | *Locations other than MN? (List states above)*

4.

Please provide a description of your operations

II. Premium Calculation - Enter your estimated annualized payroll for the current year.

Class Code	Description of Duties	Number of Employees	Estimated Annual Payroll
			$
			$
			$
			$
			$
			$
			$
			$
		TOTAL ESTIMATED PAYROLL	$

III. Agreements -

By signing below, I/We declare that the above information is correct to the best of my knowledge. Further, I/We also agree to the conditions below, which include:

1. I/We are a 501c3 nonprofit organization whose primary operations are located in the State of Minnesota.
2. I/We understand that NIT is a self-insured pool in Minnesota and that I/We will comply with the bylaws of NIT and Minnesota workers' compensation statutory law.
3. I/We understand that should we be accepted as a participant of NIT, I/We will conform to loss control recommendations to the best of our ability to assist in preventing further losses and/or injuries.

_____ Signature

_____ Print Name

_____ Date