



**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
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
<b>TOTAL ESTIMATED PAYROLL</b>			\$

**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