



## 2021 MATIT WORKERS' COMPENSATION AUDIT REPORT

PO Box 415 • St Michael, MN 55376  
 AGENCY (800) 262-2864 • FAX (763) 497-3233  
 Email: WCAudit@mntownships.org

Township: \_\_\_\_\_

County: \_\_\_\_\_

Clerk: \_\_\_\_\_  
 Address: \_\_\_\_\_

WC Policy Number: \_\_\_\_\_

The following payroll report is used to calculate your workers' compensation premiums. Please read and complete it carefully and return it to the Minnesota Association of Townships Agency by **January 31, 2021**.

### Total Employee Earnings

List total **employee** gross payroll paid in 2020. *Gross payroll is all regular and overtime compensation paid to any employee who worked for you in 2020.* Do not include mileage or other reimbursements. **If a person performed work in two or more different class descriptions, divide their gross payroll among the appropriate classes.**

***\*\*DO NOT include payments to cities, counties, other towns, other public bodies or payments to independent contractors in this section...TOWNSHIP EMPLOYEES ONLY\*\****

Employee Class Description	**2020 Total Employee Earnings	Office Use Only
Clerk/Treasurers/Election Judges	\$	8810
Supervisors/Planning Commissions/Moderators/Zoning Boards	\$	9410
Road Maintenance/Roadside Mowing/Snow Plowing/Dust Control/Excavating Employees	\$	5506
Cemetery Operations Employees	\$	9220
Building Maintenance/Janitor/Lawn Mowing or Snow Removal at Town Hall Employees	\$	9015
Parks Maintenance/Rink Attendant Employees	\$	9102
Police/Peace Officers Employees	\$	7720
Waterworks Operation/Sewer Employees	\$	7520
Garbage Disposal/Landfills Employees	\$	7590
Auto/Machinery Maintenance Employees	\$	8380
Recycling Employees	\$	8264
Tree Pruning & Tree Removal Employees	\$	106
Animal Control Employees *Do not include bounties*	\$	8831

#### Office Use Only

Received \_\_\_\_\_ Approved \_\_\_\_\_ C1 \_\_\_\_\_

Cert Fee(s) \_\_\_\_\_ Late Audit Fee \_\_\_\_\_

## FIRE DEPARTMENT

Does the Township **OWN** and **OPERATE** a fire department?  YES  NO

If **YES**, how many fire fighters? \_\_\_\_\_ How many calls did they respond to in 2020? \_\_\_\_\_

If yes, what is the total population of its service district? \_\_\_\_\_

If yes, does your township have workers comp coverage through another insurer for your fire department?  
 YES  NO

## FIRST RESPONDER UNIT

Does the Township have a first responder unit that is **NOT** part of a fire department and that is under the townboard's supervision and control?  YES  NO

If **YES**, how many first responders? \_\_\_\_\_ How many calls did they respond to in 2020? \_\_\_\_\_

## INDEPENDENT CONTRACTORS

For each of your independent contractors who performed work for the township during 2020, provide the name and type of work performed.

Attach a copy of each of your contractor's workers' compensation certificate of insurance. If your contractor has not provided one, attach a copy of the contractor's **commercial** liability insurance certificate. *Personal auto, homeowners insurance, or farm liability (unless endorsed) are not acceptable.* Certificates provided should show the effective dates and limits of insurance.

Professional or licensed services such as architects, lawyers, engineers or one-time repair service contractors such as plumbers or locksmiths do not need to be listed. There is no need to list contracts with cities, counties, or other townships, as we are already aware of their insurance coverage.

**If you don't attach a copy of a workers' compensation or a commercial liability certificate of insurance for each contractor the township will be charged either a \$25 fee per contractor or additional premium. Attachments must be in PDF format if returning by email.** Photos cannot be accepted. List the amount paid to a contractor only if no insurance certificate is attached. Only list amount paid for labor (not for equipment, materials, taxes, etc.)

Contractor Name	Type Of Work	Insurance Certificate attached?	2020 Payments <i>(only if no Certificate)</i>
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

*The undersigned declares that all statements set forth herein are true, complete and accurate.*

Signature \_\_\_\_\_ Phone Number ( \_\_\_\_\_ ) \_\_\_\_\_

Print Name \_\_\_\_\_ Title \_\_\_\_\_

**This audit must be returned to Minnesota Association of Townships Agency by January 31, 2021.**

**\*You may fax, email or mail. If you are faxing or emailing you DO NOT need to mail the hard copy. Thank you.**

# The Workers' Compensation Audit

MATIT's Workers' Compensation Program requires every participating township to complete and return the Workers' Compensation Audit by January 31<sup>st</sup> of each year. Townships that fail to do so can face automatic premium increases and even expulsion from the program. The information provided in the audit serves as the basis for determining a township's premium for coverage the following year. It is important that the audit be completed accurately to avoid being over charged or under charged. MATIT's coverage agreement gives it the right to verify that the information is accurate.

## Employee and Elected Officer Wages Only

- Do **NOT** include payments to:
  - Other local governments (townships, cities, counties)
  - Independent Contractors (if you have their Certificates of Insurance)

## By Line

- Clerks/Treasurers/Election Judges – *All townships will have wages in this class code*
- Supervisors/Planning Commissions/Moderators/Zoning Boards – *All townships will have wages in this class code*
- Road Maintenance/Roadside Mowing/Snow Plowing/Dust Control/Excavating employees – *Do not include payments to contractors in this section unless you do not have their Certificates of Insurance*
- Cemetery Operations Employees – *If this is ONLY lawn mowing at the cemetery, put wages in Class Code 9015*
- Building Maintenance/Janitor/Lawn Mowing or Snow Removal at Town Hall employees
- Parks Maintenance/Rink Attendant employees
- Police/Peace Officers employees (*Does not apply to most townships*)
- Waterworks Operations/Sewer employees
- Garbage Disposal/Landfill employees – *Do not include County or Waste Management Company*
- Auto Machinery Maintenance employees – *If possible, break out your 'grader operator' costs with the time/money spent on equipment maintenance*
- Recycling employees – *Do not include County or Waste Management Company*

- Tree Pruning & Tree Removal employees – *Don't include minor branch removal while supervisors are doing their road inspections... instead place these extra wages under Class Code 9410 for Supervisors*

- Animal Control employees – *Do not include bounties paid to the public*

### **Fire Department and First Responder Units**

Only provide information for Departments and Units that are under the control of the township board. Even if they are volunteers that don't receive compensation. Don't include services provided by another township, city or independent non-profit firefighting corporation.

### **Independent Contractors**

- Provide name and type of work performed for each independent contractor who performed work for your township
- Attach a copy of **each** contractor's workers' compensation certificate of insurance **OR** the contractor's commercial liability insurance certificate
- All certificates provided should show the effective dates and limits of insurance
- Personal automobile and homeowners insurance certificates **are not** acceptable
- Farmers' Liability Coverage **IS NOT ACCEPTABLE UNLESS** there is an 'Endorsement' or 'Rider' indicating the type work being performed for the township
- Professional or licensed services **DO NOT NEED TO BE LISTED ON THE AUDIT**. Examples include: Architects, lawyers, engineers, one-time repair service contractors such as plumbers or locksmiths

### **Certificates of Insurance (COI's)**

- Providing a COI should be required as part of the contract – no payment until it is provided
- Supervisors should collect the COI's when contracts are signed
- Keep the certificates on file and send us copies
- Request that the contractor's insurance agent automatically send you the COI as the coverage renews

### **No Certificates of Insurance?**

- You must complete the payments field on the audit
- At a minimum, the township will be penalized **\$25 PER** missing, invalid, or unacceptable COI.
- If the township **HAS NOT** sent a COI for two consecutive years, the township may be charged premium based on the wages paid to that contractor
- If it is apparent that it is not a contractor, premium will be charged based on the payments and the type of work performed

### **Payments Field**

- No need to complete IF you have COI for contractor
- If you do not have COI, enter the wages for labor only paid to contractor
- Don't include the cost of materials or equipment charges

### **Reporting Misconceptions & Errors**

- Include all wages paid within the year, including those making less than \$600
- Include **ALL** Independent Contractors, including those who get a 1099... even if they're incorporated
- This is **NOT** the Annual Financial Reporting Form (or Auditor's Report) submitted to the State of Minnesota

### **Helpful Reminders:**

- Send the ENTIRE completed audit WITH your Certificates of Insurance
- If mailing audit, keep a copy for your records
- Additional postage may be necessary
- Remember to SIGN your audit – *this confirms that you acknowledge the information is accurate*
- DO NOT mail a hard-copy IF you've emailed or faxed your audit
- You will receive an email confirmation
- Keep your faxed confirmation and copy of your original in your file
- Fastest and easiest method of submitting a WC Audit with written documentation is to email:  
wcaudit@mntownships.org

### **Why the Late or Missing Audit Fees?**

As a self-insurance pool, the State of Minnesota requires that MATIT belong to the WCRA (Workers Compensation Reinsurance Association). The WCRA requires MATIT to submit a report of the wages of all its insureds by the middle of March each year. Accuracy is important because that determines the premium MATIT pays to WCRA. MATIT is charged a penalty of \$1,000 for each day the report is late.

MATIT imposes a \$50 Late Audit Fee out of fairness to towns that submit their audits on time which allows MATIT to file an accurate report with WCRA. Townships that do not submit an audit face a \$100 Missing Audit Fee. A missing audit also results in the township losing its 10% discount on their WC premium the following year.

### **Reports of injury**

A delay in reporting a workplace injury can result in the State of Minnesota imposing a fine on the township. Report **ALL** injury claims immediately to:

MAT Insurance Dept  
Attn: Dawn Zimmerman  
PO Box 415  
St. Michael, MN 55376  
800-262-2864 x152  
Fax 763-497-3233  
dzimmerman@mntownships.org

## **Work Comp Audit Notes**

Blank audit forms/instructions/sample certs found on website ([www.mntownships.org](http://www.mntownships.org))

WC renewals mailed the week of Thanksgiving. Invoice due 1/1, Audit due 1/31 (mailed in a large white & green envelope)

Renewal packet contains: cover letter/audit form (w/return envelope)/invoice (w/return envelope)/MAT & MATIT Financials/WC member cert

Keep copies for your files!

Remember to complete and return BOTH sides of the audit form! (even if no contracted work)

Please remember to answer the fire department related questions on page 2

Remember to attach COI'S (Certificates of Insurance) for all Independent Contractors

Remember to sign audit!

Only need one TOTAL for each class

If you have COI's for your contractors then you do not record their wages on page 1

Website manager wages would be considered "administrative" and recorded under Class 8810

Any fees (Missing Cert/Late Audit/Missing Audit) charged at audit are added to the next renewal invoice

If you are adding payroll to a class that you did not have the previous year, jot a note as to what it is for to avoid a phone call from Dawn. Same if you do not have payroll for a certain class that you did have the previous year.

Contractors/COI's:

COI=Certificate of Insurance

A "contractor" is someone that is hired via contract by the township to do work for the township. They should carry their own general liability and/or work comp insurance.

If contractor does not carry insurance then they will be treated as an employee and their wages would be recorded on page 1 of the audit form

COI'S must list: Insured Name/Eff Dates/Policy Limits/Any Necessary Endorsements

Farm and Personal Liability policies must state in the "Description of Operations" box of the certificate that they are covered for the particular type of work they are performing for the township.

We will not accept handwritten COI'S or those "whited out" with adjusted eff dates

We will not accept Auto ID Cards/Insurance Binders/Apps/Quotes/Contracts/License Copies, etc...as proof of insurance.

We do not need copies of the township work comp dec (we send those to you) as proof of insurance (we know you are insured)

We do not need copies of the township financials/PERA reports/State Audit Reports/Tax Returns etc...

No certs necessary from Assessors/Counties/Cities/Fire Depts/other Townships, etc...

Make sure COI'S are not expired! (as in the year prior to the work being performed)

We will not accept photographs of COI's taken and forwarded via cell phone

**PLEASE DO NOT HESITATE TO CALL DAWN WITH ANY QUESTIONS!!! (800-262-2864 or 763-488-4052)**

# Workers' Compensation Certificate of Insurance

**PROJECT DESCRIPTION:**

**INSURED:**

[REDACTED]

**EFFECTIVE DATE:**

The named insured has been self-insure

**COMPANY PROVIDING COVERAGE:**

EEP Workers' Compensation Fund

As a member, the named insured is authorized by the State of Minnesota to self-insure its workers' compensation liabilities

**PLAN EFFECTIVE FROM:**

1/1/2015

**COVERAGE TYPE:**

Workers' Compensation

Employers' Liability:

Each Accident

Policy Limit

Each Employee for Disease

**PLAN ADMINISTRATOR:**

**MEMBER PLAN NUMBER:**

74 - 22

**PLAN EFFECTIVE TO:**

1/1/2016

**LIMITS:**

Statutory

\$ 2,000,000

\$ 2,000,000

\$ 2,000,000

**NOTICE:**

If this authority is revoked or the named self-insured

# Commercial liability and Work Comp

## CERTIFICATE OF LIABILITY INSURANCE

12/23/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICY BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

INSURER: [REDACTED]

CONTACT NAME: [REDACTED] PHONE: [REDACTED] FAX: [REDACTED]

INSURER(S) AFFORDING COVERAGE: **Owners Insurance Company**

INSURER A: [REDACTED] 18988

INSURER B: [REDACTED]

INSURER C: [REDACTED]

INSURER D: [REDACTED]

INSURER E: [REDACTED]

INSURER F: [REDACTED]

### CERTIFICATE NUMBER:

### REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. THE POLICIES ARE SUBJECT TO THE TERMS, CONDITIONS, COVERAGES, EXCLUSIONS AND LIMITS OF THE POLICIES DESCRIBED HEREIN. THIS CERTIFICATE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

TYPE OF INSURANCE	ADDRESS	INSURED	INSURED I.D. NO.	POLICY NO.	POLICY EFF. DATE	POLICY EXPI. DATE	LIMITS
<input checked="" type="checkbox"/> COMMERCIAL LIABILITY		N		08655404	11/1/2014	11/1/2015	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (EA OCCURRENCE) \$ 1.0 MED EXP (Any one person) \$ 3 PERSONAL & ADV INJURY \$ 1.0 GENERAL AGGREGATE \$ 4.0 PRODUCTS - COMP/OP AGG \$ 1.0
GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PRO: <input checked="" type="checkbox"/> JECT: <input checked="" type="checkbox"/> LOC: <input type="checkbox"/>							
AUTOMOBILE LIABILITY							
ANY AUTO ALL OWNED AUTOS							
HIRER AUTOS							
UMBRELLA LIAB							
EXCESS LIAB							
DED RETENTION \$							
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/>							
IF YES CHECK BY INDICATE DESCRIPTION OF OPERATIONS BELOW							
		N/A	N	08028228	11/1/2014	11/1/2015	E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY \$



Most Common COI for Commercial Liability



**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)  
01/23/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER: [REDACTED]

INSURED: [REDACTED]

INSURER(S) AFFORDING COVERAGE: [REDACTED]

NAIC #: [REDACTED]

CONTACT NAME: [REDACTED]

PHONE (A/C, No., Ext.): [REDACTED]

FAX (A/C, No.): [REDACTED]

ADDRESS: [REDACTED]

INSURER A: [REDACTED]

INSURER B: [REDACTED]

INSURER C: [REDACTED]

INSURER D: [REDACTED]

INSURER E: [REDACTED]

INSURER F: [REDACTED]

**COVERAGES**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

TYPE OF INSURANCE	ADDITIONAL INSD. (REQ. WORD)	POLICY NUMBER	POLICY PERIOD (MM/DD/YYYY)	REVISION NUMBER	LIMITS
<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO <input type="checkbox"/> LOC <input type="checkbox"/> OTHER	<input type="checkbox"/>	CPP0013741	09/10/2013	09/10/2014	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (E.A. OCCURRENCE) \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPROP AGG \$ 2,000,000 COMBINED SINGLE LIMIT (E.A. ACCIDENT) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ EACH OCCURRENCE AGGREGATE \$
<input type="checkbox"/> AUTOMOBILE LIABILITY ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS BI-RENTAL LIAB OCCUR EXCESS LIAB CLAIMS-MADE NON-RETENTION \$	<input type="checkbox"/>	CPP0013741	09/10/2013	09/10/2014	

3

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR_WVD	POLICY EFF. DATE (MM/DD/YYYY)	POLICY EXPIR. DATE (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY				
	COMMERCIAL GENERAL LIABILITY				
	CLAIMS-MADE	OCUR			
	GEN'L AGGREGATE LIMIT APPLIES PER	PRO.JECT			
		LOC			
	AUTOMOBILE LIABILITY				
	ANY AUTO				
	ALL OWNED AUTOS	SCHEDULED AUTOS			
	HIRED AUTOS	NON-OWNED AUTOS			
	UMBRELLA LIAB	OCUR			
	EXCESS LIAB	CLAIMS-W			
	DED. RETENTION \$				
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory)	<input type="checkbox"/>			
	IF YES, describe under DESCRIPTION OF OPERATIONS below				
	WC STATUTORY LIMITS				
	OTHER				
	E.L. EACH ACCIDENT				
	E.L. DISEASE - EA EMPLOYEE				
	E.L. DISEASE - POLICY LIMIT				

Liability for specific  
 'Township' work only

Liability for towing services of  
 Township

02/02/2014 02/02/2015 \$300,000

888P 106701

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)