WORKERS COMPENSATION
ELECTION OR REJECTION OF COVERAGE

Name Insured _____

Policy Number _____

Note: Executive Officers of a Corporation are covered unless coverage is rejected.
Each executive office must sign the following and affix their title.

Printed Name	Signature	Title	Reject	Elect
			❑	❑
			❑	❑
			❑	❑
			❑	❑
			❑	❑
			❑	❑
			❑	❑
			❑	❑