

N O R T H C A R O L I N A

ELECTION OR REJECTION OF COVERAGE FOR SOLE PROPRIETORS, PARTNERS, MEMBERS OF LLC'S AND CORPORATE OFFICERS

Note: ** Sole proprietors, partners and members of LLC's are excluded from the North Carolina workers' compensation laws and benefits unless coverage is elected in writing.

** Executive Officers of a Corporation are covered under the North Carolina workers' compensation laws and benefits unless coverage is rejected in writing.

SOLE PROPRIETOR, PARTNER, MEMBER OF LLC NOTICE OF ELECTION OF COVERAGE

Name of Business: _____

Sole Proprietor/Partner/Member Name (please print): _____

Signature: _____

Sole Proprietor/Partner/ Member Name (please print): _____

Signature: _____

Sole Proprietor/Partner/Member Name (please print): _____

Signature: _____

C O R P O R A T E O F F I C E R N O T I C E O F R E J E C T I O N O F C O V E R A G E
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Corporation Name : _____

Corporate Officer Name (please print): _____

Corporate Officer Signature: _____

Corporate Officer Name (please print): _____

Corporate Officer Signature: _____

Corporate Officer Name (please print): _____

Corporate Officer Signature: _____

Corporate Officer Name (please print): _____

Corporate Officer Signature: _____

For Company Use Only

Date Notice received: _____

Insuror Authorized signature: _____