

# IC52 ELECTION OF COVERAGE

*Check the appropriate box*

Election

Revocation of Election

The undersigned hereby notifies the Industrial Commission of the following:

- Household domestic service
- Casual employment
- Employment of outworkers
- Employment of members of an employer's family dwelling in his household.  
*(Applies only to sole-proprietorships)*
- Employment as the owner of a sole proprietorship
- Employment of a working member of a partnership or a limited liability company  
*(Circle either partnership or Limited Liability Company; if the election applies only to certain partners/members, name the covered partners/members.)*
- Employment of an officer of a corporation who at all times during the period involved owns not less than ten percent (10%) of all of the issued and outstanding voting stock of the corporation and, if the corporation has directors, is also a director thereof *(If the election applies only to certain corporate officers, name the covered officers)*
- Employment for which a rule of liability for injury, occupational disease, or death is provided by the laws of the United States
- Pilots of agricultural spraying or dusting planes
- Associate real estate brokers and real estate salesmen paid solely by commission
- Volunteer ski patrollers
- Officials of athletic contests involving secondary schools

*(Name of Insurance Company)*

Policy Number \_\_\_\_\_

Insured Name \_\_\_\_\_

Effective Date of Election/Revocation \_\_\_\_\_

\_\_\_\_\_  
*(Signature of authorized representative)*

\_\_\_\_\_  
*(Employer's signature)*