

NORTH CAROLINA

NOTICE OF ELECTION/REVOCAION OF COVERAGE

UNDER TITLE 97, CHAPTER 2, NORTH CAROLINA WORKERS' COMPENSATION LAW

The undersigned certifies that he/she is a(n)

- Sole Proprietor Partner Officer Limited Liability Company

of _____

Company Name

FEIN

Address

City, State

ZIP

Please read carefully and select one of the following options:

Officer:

- I do hereby **elect to be exempt from the workers' compensation coverage** provided by the carrier listed below. I agree that this exemption shall continue in effect until such time as I, the undersigned, give the carrier written notice to the contrary.
- I do hereby **revoke the exemption from workers' compensation coverage** executed earlier. I am electing to be covered and included in the workers' compensation coverage provided by the carrier listed below.

Sole Proprietor, Partner, Limited Liability Company:

- I do hereby **elect to be included in the workers' compensation coverage** provided by the carrier listed below. I agree that this election shall continue in effect until such time as I, the undersigned, give the carrier written notice to the contrary.
- I do hereby **revoke the election of workers' compensation coverage** executed earlier. I am electing not to be covered or included in the workers' compensation coverage provided by the carrier listed below.

Signature

Date

Print Name and Title

Policy Number _____ Effective Date _____

Insurance Agent _____ Agent's Address _____