

SOLE PROPRIETOR COVERAGE

Pursuant to NRS 616B.659

Sole Proprietor Name: _____

Business Name: _____

Business Address: _____

Telephone Number: _____

Federal Identification Number: _____

NOTICE OF ELECTION OF COVERAGE

Sole Proprietor Signature: _____

Effective Date: _____

NOTICE OF WITHDRAWAL OF ELECTED COVERAGE

Sole Proprietor Signature: _____

Effective Date: _____

NOTICE TO PAY ADDITIONAL PREMIUMS FOR ADDITIONAL COVERAGE

Sole Proprietor Signature: _____

Effective Date: _____

Date Notice to Administrator: _____

Date Notice to System: _____

Date Notice to Insurer: _____

FOR WCS USE ONLY

Method of Transmission

First Class Mail [] Electronic Transmission/Fax [] Personally Served []

Date Notice Received: _____