



NOTICE TO ELECT WORKERS' COMPENSATION COVERAGE SPECIFIC PERSON INCLUSION FORM

Name of Entity: _____

Address: _____

City: _____ State: _____ Zip: _____

FEIN: _____ Telephone #: _____

Policy #: _____

Legal Form of Entity:

<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Company (LLC) <input type="checkbox"/> Other: _____
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Agreement by Executive Officers, Sole Proprietors, Partners or Members to be included under the applicable state workers' compensation law.

By signing this form I am acknowledging that I am electing to be covered as an employee for workers' compensation insurance as allowed by the workers' compensation laws of my state. I understand that this election is continuous and will apply to each subsequent renewal, continuation, replacement or amendment until the insurance company or its agents receives my written request that a change be made.

Persons to be included					
Name	Title or Relationship	% of Stock Owned	State	Signature	Date



Nationwide®
is on your side

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