

# CERTIFICATE OF ELECTION

## CERTIFICATION

This is to certify that the firm named below has elected to not cover its owners, partners, or officers under the workers' compensation laws of the State of \_\_\_\_\_. The firm named below certifies that it has no employees. The firm named below certifies that it uses no independent contractors. Based upon the election not to cover owners, partners, or officers, the fact there are no other employees and that no independent contractors are used, a workers' compensation policy is not purchased.

## AGREEMENT

The firm named below promises, in consideration for work received from Client, that if the owners, partners or officers choose to change their election, if any employee is hired or if any independent contractor is used, then a certificate of insurance evidencing workers' compensation coverage will be furnished prior to the commencement of any work.

## PERIOD

Unless otherwise stated, the firm named below agrees to an agreement of one (1) year from the date of signing this Certificate of Election. The firm named is responsible for clearly stating an alternate agreement below:

The period of this agreement is \_\_\_\_\_ to \_\_\_\_\_.

## CARRIER

\*CARRIER NAME: \_\_\_\_\_

\*MC/DOT NUMBER: \_\_\_\_\_

\*PRINTED NAME: \_\_\_\_\_

\*SIGNATURE: \_\_\_\_\_

\*TITLE: \_\_\_\_\_

\*DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**\*\* Field must be completed. Signature line must be hand signed.**