

NOTICE OF ELECTION

Name of Company : _____

Policy #: _____

> THE FOLLOWING PARTNER, SOLE PROPRIETOR OR LIMITED LIABILITY COMPANY OFFICER ELECTS TO BE COVERED UNDER THE PROVISIONS OF KRS 342, COMMONLY KNOWN AS THE WORKERS' COMPENSATION ACT OF KENTUCKY.

SS#: _____

PRINT: _____

SIGNED: _____

DATE: _____

Subscribed and sworn to before me this _____ day of _____ 20____.

Notary Public

My commission expires on _____