

Policy Name: _____

Policy Number: _____ Effective Date: _____

(Not for use in Louisiana)

REJECTION OF SOLE PROPRIETORS, PARTNERS, OFFICERS AND OTHERS COVERAGE

LUBA requires that any Sole Proprietor, Partner, Executive Officer of a Corporation or Member of an LLC, requesting to **reject** coverage under the laws of the applicable Workers' Compensation Statute state their intention in writing. EACH SUCH SOLE PROPRIETOR, PARTNER, EXECUTIVE OFFICER OF A CORPORATION OR MEMBER OF AN LLC MUST SIGN THIS FORM FOR **REJECTION OF COVERAGE**.

REJECTION

I/We, the undersigned do hereby elect to reject and be exempt from workers' compensation coverage through LUBA Casualty Insurance Company.

_____ Last Name, First Name	_____ % of ownership	_____ Title
Signature _____	Date _____	
_____ Last Name, First Name	_____ % of ownership	_____ Title
Signature _____	Date _____	
_____ Last Name, First Name	_____ % of ownership	_____ Title
Signature _____	Date _____	
_____ Last Name, First Name	_____ % of ownership	_____ Title
Signature _____	Date _____	
_____ Last Name, First Name	_____ % of ownership	_____ Title
Signature _____	Date _____	

The above election to **reject** workers' compensation coverage will be effective on the inception date of the policy written by LUBA Casualty Insurance Company and will remain in effect for the duration of the policy term and each subsequent renewal unless a new form signed by owner/officer to rescind election is received. Forms received, signed by owners/officers, to rescind election mid term will be effective the date the signed form is received.