

(CUT AND PASTE THE BODY  
OF THIS LETTER On  
Your COMPANY LETTERHEAD)

**WORKERS' COMPENSATION  
EXECUTIVE OFFICERS  
ELECTION OR REJECTION OF  
COVERAGE**

Note: Executive Officers of a Corporation are automatically covered unless coverage is rejected by signing below.

Each Executive Officer must sign this form with title

Print Name	Signature	Title	Reject	Elect
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Fraud Warning: "Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for Workers' Compensation Insurance is guilty of a crime and may be subject to fines and confinement in Prison." AR-10