

TENNESSEE DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT
Division of Workers' Compensation
Nashville, Tennessee 37243-0661

NOTICE OF ACCEPTANCE OF "WORKERS' COMPENSATION ACT" OF TENNESSEE
BY EXEMPTED EMPLOYER

Notice is hereby given that _____

FEIN _____ located at _____

elects to operate under the provisions of Chapter 9 through 12 of the Tennessee Code Annotated, officially designated "Workers' Compensation Act" of Tennessee, the said employer being otherwise exempt from the provisions of said Act, from the fact that:

- ___1. Less than 5 employees
___2. Domestic servants/farm or agricultural laborers
___3. City, county, or state government
___4. Other _____

as provided by Section 50-6-106 of the Tennessee Code Annotated.

The undersigned employer has insured his liability hereunder in the following manner-to-wit:

Insurance Carrier name

Street City State Zip

In compliance with Section 50-6-405 of the Tennessee Code Annotated, which reads, in part, as follows:

Every employer under and affected by the workers' compensation law (1) shall insure and keep insured his liability hereunder in some person or persons, association, organization or corporation authorized to transact the business of workers' compensation insurance in this state; or (2) shall furnish to the commissioner of commerce and insurance satisfactory proof of his financial ability to pay all claims that may arise against such employer under this chapter and guarantee the payment of the same in the amount and manner and when due as provided for in this chapter.

FEIN _____

Date _____

Name of Industry _____

Kind of Business _____

(Manufacturer, Dealer, Etc.)

Signed by _____

Official _____