

ARKANSAS

NOTICE OF ELECTION/REVOCATION OF COVERAGE

UNDER ARKANSAS STATUTES SECTION 11-9-108

Company name		Federal Employee Identification Number (FEIN)
Address		
City	State	ZIP

Please read carefully and select **one** of the following options.

This undersigned certifies that he/she is an officer, LLC member, sole proprietor or partner of the business(es) listed below, who owns/operates the business and is not a subcontractor*.

A corporate officer, LLC member, sole proprietor or partner who owns/operates their own business and is not a subcontractor, may use this form to elect to exclude themselves from workers' compensation insurance coverage; subcontractors are required to obtain a certificate of noncoverage from the AR Workers' Compensation Commission.

I do hereby **elect to exclude myself from the workers' compensation insurance coverage** provided by the insurance carrier listed below. I agree that this election to exclude myself from workers' compensation insurance coverage shall continue to remain in effect from the date that this document has been signed until the date that I give the workers' compensation insurance carrier written notice otherwise.

I do hereby **elect to revoke my prior election to exclude myself from the workers' compensation insurance coverage** and am agreeing to receive workers' compensation insurance coverage provided by the insurance carrier listed below

*A. "subcontractor" is "[o]ne who takes a portion of a contract from principal contractor or another subcontractor." Black's Law Dictionary, p1277 (West 5th Ed. 1979).

Signature

Date

Print name and title

Date of birth and/or Social Security number

Policy number

Insurance agent

Agency address

City, State

ZIP Code