WORKERS' COMPENSATION INCLUSION OF COVERAGE

Please type or print.

It is understood and agreed that I (we) whose signature(s) appear below wish to be included in all benefits normally provided on the Workers' Compensation and Employers' Liability policy. This is to apply to the present, as well as any succeeding policies.

Named Insured	Date

Corporate Officers

Name	Signature	Title
Name	Signature	Title
Name	Signature	Title
Name	Signature	Title

Sole Proprietor/Partners/LLC

Name	Signature	Select one
Name	Signature	Select one ☐ Individual ☐ Partner ☐ LLC
Name	Signature	Select one ☐ Individual ☐ Partner ☐ LLC
Name	Signature	Select one ☐ Individual ☐ Partner ☐ LLC
Name	Signature	Select one ☐ Individual ☐ Partner ☐ LLC

Note: Certain states require notice of exclusions of coverage. Check with your producer to be certain that you are in compliance with your state's laws.