

PRODUCER

APPLICANT

CODE:

SUB CODE:

I, we, the individuals or partners named below, do hereby elect to be covered as employees under the policy applied for pursuant to Section 102.075, Wis. Stats. I, we, understand that the coverage will be provided by an endorsement attached to the policy, and that this coverage will remain in effect for the entire policy term unless cancelled. I, we, also understand that this coverage will also be continued on all renewal policies, unless change is requested at time of renewal. Finally, I, we, understand that there is a premium charge for this coverage based on an "assigned payroll" which may exceed my/our actual income.

Business Name  
(DBA, if any):

\_\_\_\_\_

Business Address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Individuals or Partners Electing Coverage:

Name (Please Print):

\_\_\_\_\_

Title:

\_\_\_\_\_

Signature:

\_\_\_\_\_

Date:

\_\_\_\_\_

Name (Please Print):

\_\_\_\_\_

Title:

\_\_\_\_\_

Signature:

\_\_\_\_\_

Date:

\_\_\_\_\_

Name (Please Print):

\_\_\_\_\_

Title:

\_\_\_\_\_

Signature:

\_\_\_\_\_

Date:

\_\_\_\_\_

Permission is granted by ACORD to copy this form for the following purpose:

THIS FORM IS TO BE COPIED, DUPLICATED, SIGNED AND ATTACHED TO THE WORKERS COMPENSATION INSURANCE POOL APPLICATION WHEN SUBMITTED TO THE POOL. THE SERVICING CARRIER SHALL RETAIN THIS FORM IN ITS FILES FOR AS LONG AS COVERAGE IS APPLICABLE, AND SHALL ALSO ATTACH THE APPROPRIATE EXTENSION OF COVERAGE ENDORSEMENT TO THE POOL POLICY ISSUED.