

ACORD™ DELAWARE WORKERS COMPENSATION ELECTION - FORM C

1. CORPORATE EXCLUSION

The undersigned officers of _____ stipulate that each named
(Firm name)

officer holds stock in the Corporation and that I/we elect to be excluded from coverage under the firm's workers' compensation policy.

Name	Title	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

APPROVED: _____
Date

Firm Name

BY: _____
Signature

2. PARTNERS/SOLE PROPRIETORS ELECTION FORM

The undersigned partners/sole proprietors elect coverage under our firm's workers' compensation policy. I/we understand that this election will result in an increased workers' compensation premium.

Name	Title	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

APPROVED: _____
Date

Firm Name

BY: _____
Signature