



Policy Name: _____

Policy Number: _____ Effective Date: _____

ACCEPTANCE OF SOLE PROPRIETORS, PARTNERS, OFFICERS AND OTHERS COVERAGE

Louisiana law allows sole proprietors, partners and bona fide executive officers of a corporation each owning not less than ten (10%) percent of the stock therein to accept or reject workers' compensation coverage for himself/themselves. EACH SUCH SOLE PROPRIETOR, PARTNER OR EXECUTIVE OFFICER OF A CORPORATION MUST SIGN FOR ACCEPTANCE OR REJECTION OF COVERAGE. Miscellaneous values for officers, partners, and sole proprietor's payroll limitations apply.

ACCEPTANCE

I, the undersigned do hereby agree to pay the prescribed premium in exchange for workers' compensation coverage through LUBA Casualty Insurance Company.

_____	_____	_____	_____
Last Name, First Name	% of ownership	Title	Class code
Signature _____		Date _____	Payroll \$ _____

_____	_____	_____	_____
Last Name, First Name	% of ownership	Title	Class code
Signature _____		Date _____	Payroll \$ _____

_____	_____	_____	_____
Last Name, First Name	% of ownership	Title	Class code
Signature _____		Date _____	Payroll \$ _____

_____	_____	_____	_____
Last Name, First Name	% of ownership	Title	Class code
Signature _____		Date _____	Payroll \$ _____

The above election to accept or reject workers' compensation coverage will be effective on the inception date of the policy written by LUBA Casualty Insurance Company and will remain in effect for the duration of the policy term and each subsequent renewal unless a new form signed by owner/officer to rescind election is received. Forms received, signed by owners/officers, to rescind election mid term will be effective the date the signed form is received.