IC52 ELECTION OF COVERAGE

Check the appropriate box
☐ Election  ☐ Revocation of Election

The undersigned hereby notifies the Industrial Commission of the following:

☐ Household domestic service

☐ Casual employment

☐ Employment of outworkers

☐ Employment of members of an employer's family dwelling in his household. (Applies only to sole-proprietorships and single member limited liability companies that are taxed as a sole-proprietorship)

☐ Employment as the owner of a sole proprietorship

☐ Employment of a working member of a partnership or a limited liability company (Circle either partnership or Limited Liability Company; if the election applies only to certain partners/members, name the covered partners/members.)

☐ Employment of an officer of a corporation who at all times during the period involved owns not less than ten percent (10%) of all of the issued and outstanding voting stock of the corporation and, if the corporation has directors, is also a director thereof (If the election applies only to certain corporate officers, name the covered officers)

☐ Employment for which a rule of liability for injury, occupational disease, or death is provided by the laws of the United States

☐ Pilots of agricultural spraying or dusting planes

☐ Associate real estate brokers and real estate salesmen paid solely by commission

☐ Volunteer ski patrollers

☐ Officials of athletic contests involving secondary schools

(Name of Insurance Company)

Policy Number ________________________________

Insured Name ________________________________

Effective Date of Election/Revocation ________________________

(Signature of authorized representative)  (Employer's signature)