



LIMITED LIABILITY COMPANY OR CORPORATION STATEMENT OF ARIZONA COVERAGE ELECTION

Name Insured: _____ Policy Number: _____

Please provide the following information for the working members of your Limited Liability Company (LLC) or working shareholders and executive officers of your Corporation.

LIMITED LIABILITY COMPANY (LLC)

Working Members Owning 50% or More of the Membership Interest

Full Name	Workers' Comp Coverage Status Per Arizona Law	Would You Like To Be Included?
_____	Automatically Excluded*	<input type="checkbox"/> Request Application To Be Included
_____	Automatically Excluded*	<input type="checkbox"/> Request Application To Be Included

*Working members may be included upon completion and acceptance of application for coverage.

Working Members Owning LESS THAN 50% of the Membership Interest

Full Name	Workers' Comp Coverage Status Per Arizona Law	Would You Like To Reject Coverage?
_____	Automatically Included*	<input type="checkbox"/> Request Rejection Form
_____	Automatically Included*	<input type="checkbox"/> Request Rejection Form

*Working members may reject coverage only by completing and returning the P-030 Employees Notice of Rejection

CORPORATION

Working Shareholders with 50% or More of the Ownership Interest

Full Name	Workers' Comp Coverage Status Per Arizona Law	Would You Like To Be Included?
_____	Automatically Excluded*	<input type="checkbox"/> Request Application To Be Included
_____	Automatically Excluded*	<input type="checkbox"/> Request Application To Be Included

*Working shareholders may be included upon completion and acceptance of application for coverage

Working Shareholders with LESS THAN 50% of the Ownership Interest

Full Name	Workers' Comp Coverage Status Per Arizona Law	Would You Like To Reject Coverage?
_____	Automatically Included*	<input type="checkbox"/> Request Rejection Form
_____	Automatically Included*	<input type="checkbox"/> Request Rejection Form

*Working shareholders may reject coverage only by completing and returning the P-030 Employees Notice of Rejection

Corporate Officers that are not Shareholders need to be listed on the ACORD application with their coverage election.

Signature of Named Insured

Date

If we do not receive the applicable forms for coverage or rejection, the quote or policy will only contain the information supplied on the ACORD. This could result in significant premium adjustments at audit when we receive ownership information.