ELECT FORM

Nebraska Workers' Compensation Election of Coverage for Sole Proprietor, Partners, or Members of LLC

A sole proprietor, partners or members of a limited liability company may elect to be covered by the Nebraska workers' compensation law chapter 48-115.

I, we, understand that there is a premium charge for this coverage based on actual payroll subject to filed minimum and maximum payrolls.

I, we, individual, partner, or member do hereby elect to be covered as employees under the workers' compensation policy. Coverage will be provided by endorsement to the policy.

Individual, Partner or Member of LLC

Name (Please Print):	
Title:	
Signature:	Date:
Name (Please Print):	
Title:	
Signature:	Date:
Name (Please Print):	
Title:	
Signature:	Date:
Return to SFM,	PO BOX 582918, Minneapolis MN 55458-2918 or FAX (952) 838-2050
Named Insured: Policy Number:	