

# DELAWARE WORKERS COMPENSATION ELECTION

## 1. CORPORATE EXCLUSION

The undersigned officer 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