



**WORKERS' COMPENSATION INSURANCE PLAN**  
 P.O. Box 40767 TOLL FREE: 866-221-9640  
 Lansing, MI 48901-7967 FAX: 844-778-1070  
 NCCI Carrier Code: 19968 EMAIL: [Policy@AssignedRiskSolutions.com](mailto:Policy@AssignedRiskSolutions.com)  
[AssignedRiskSolutions.com](http://AssignedRiskSolutions.com)

Workers' Compensation  
 and Employers Liability  
 Insurance Policy

Date of Mailing:

Policy Number	Policy Period From To
	12:01 A.M. Standard Time at the described location

**GENERAL ELECTION CHANGE**

A/R

ITEM 1 - Named Insured and Address	Agency

Intrastate ID:

Tax ID #:

Bureau Risk ID:

State ID #:

CORPORATION
  LIMITED LIABILITY COMPANY

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I, \_\_\_\_\_ (Print Name) certify that I am a Corporate Officer/Director or Member of \_\_\_\_\_ (Name of Entity).

Location: \_\_\_\_\_ (Street Address of Entity) \_\_\_\_\_ (City) \_\_\_\_\_ (State)

Title: \_\_\_\_\_ Percent (%) of Ownership: \_\_\_\_\_

I choose to \_\_\_\_\_ (Elect/Reject) the provisions of the Workers' Compensation Law.

I elect to revoke my previous \_\_\_\_\_ (Election/Rejection) of Workers' Compensation Coverage.

SOLE PROPRIETOR
  GENERAL OR LIMITED PARTNERSHIP

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I, \_\_\_\_\_ (Print Name) certify that I am a Sole Proprietor, General Partner or Limited Partner of \_\_\_\_\_ (DBA or Partnership Name).

Location: \_\_\_\_\_ (Street Address of Entity) \_\_\_\_\_ (City) \_\_\_\_\_ (State)

Title: \_\_\_\_\_ Percent (%) of Ownership: \_\_\_\_\_

I elect to be covered under the provisions of the Workers' Compensation Law.

I elect to not be covered under the provisions of the Workers' Compensation Law.

I elect to revoke my previous \_\_\_\_\_ (Election/Rejection) of Workers' Compensation Coverage.

Accident Fund Insurance Company of America is a member of AF Group. All policies are underwritten by a licensed insurer subsidiary of AF Group.



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Intrastate ID:

Tax ID #:

Bureau Risk ID:

State ID #:

I swear or affirm under penalty of perjury that the information contained on this form is true and correct.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**NOTE:** All requests are subject to Underwriting Review to ensure compliance with applicable state law.