
Workers' Compensation Insurance ELECTION FORM

Date: _____

Named Insured: _____

Organized As: (Corp/Partnership/Sole-Proprietorship/LLC, etc.) _____

Named Individual: _____

Title: _____

Ownership: _____ % (must be 25% or more)

I, the undersigned, hereby elect to bring myself within the provisions of the Nebraska Workers' Compensation Act. I understand that I will be considered an employee of the Named Insured for purposes of workers' compensation. Further, I acknowledge that premium will be charged as part of any workers' compensation insurance policy covering the above Named Insured.

Signature