

# SOUTH CAROLINA

## NOTICE OF ELECTION TO BE INCLUDED IN COVERAGE

As provided by law (Section 42-1-130), "Any sole proprietor or partner of a business whose employees are eligible for benefits under this title may elect to be included as employees under the workers' compensation coverage of the business if they are actively engaged in the operation of the business and if the insurer is notified of their election to be included. Any sole proprietor or partner, upon this election, is entitled to employee benefits and is subject to employee responsibilities prescribed in this title".

The undersigned certifies that he/she is a(n):

Sole Proprietor

Partner

Limited Liability Co

of \_\_\_\_\_ FEIN: \_\_\_\_\_  
(Company Name)

\_\_\_\_\_  
Address City, State ZIP

*Please read carefully:*

I do hereby **elect to be included** in the workers' compensation coverage provided by the carrier listed below. I agree that this election shall continue in effect until such time as I, the undersigned, give the carrier written notice to the contrary.

\_\_\_\_\_  
Signature Date Signed

\_\_\_\_\_  
Print Name and Title

\_\_\_\_\_  
Policy Number Policy Effective Date

\_\_\_\_\_  
Insurance Agent of Record Name and Address

\_\_\_\_\_  
Insurance Carrier Name and Address