

NOTICE OF ELECTION OF COVERAGE
UNDER WORKERS' COMPENSATION LAW

To: South Carolina Home Builders
Self-Insurers Fund

Effective Date _____
Unit # 010-_____
NCDI # _____
FEIN # _____

RE: _____

Please type or print the owners' name(s)

doing business as _____

Firm or Trade name

Street Address and City

I / we, sole proprietor or partner of the above named business, do hereby certify that I / we devote full time to the proprietorship or partnership and that I / we hereby elect to be included in the definition of employee for the purpose of entitlement to benefits under the workers' compensation coverage issued to this company.

Name of Owner or Partners:

Type or print name and position under signature

Date

Signature _____

Name & Position _____

Signature _____

Name & Position _____

Signature _____

Name & Position _____

THE COVERAGE SHALL BE EFFECTIVE THIRTY DAYS AFTER RECEIPT