The undersigned officer of	stipula	ate that each named
The undersigned officer of		
officer holds stock in the corporation and thworkers' compensation policy.	nat I/we elect to be excluded from coverage	e under the firm's
workers compensation policy.		
Nome	Title	Data
Name	Title	Date
		_
		_
	APPROVED:	
	APPROVED:	Date
	Firm Name	
	BY:	
	Signature	9
	BY:Signature	е
The undersigned partners/sole proprietors	CTION FORM  elect coverage under our firm's workers' co	
The undersigned partners/sole proprietors	CTION FORM  elect coverage under our firm's workers' co	
The undersigned partners/sole proprietors /we understand that this election will result in a	CTION FORM  elect coverage under our firm's workers' con increased workers' compensation premium.	ompensation policy
The undersigned partners/sole proprietors /we understand that this election will result in a	CTION FORM  elect coverage under our firm's workers' con increased workers' compensation premium.	ompensation policy
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The undersigned partners/sole proprietors l/we understand that this election will result in a	elect coverage under our firm's workers' con increased workers' compensation premium.  Title	ompensation policy  Date

DELAWARE WORKERS COMPENSATION ELECTION