**ILLINOIS WORKERS’ COMPENSATION ACT**

**SOLE PROPRIETOR OR PARTNER**

**COVERAGE ELECTION FORM**

The Illinois Workers’ Compensation Act, 820 IL Consolidated Statutes 305/1 et seq. (the “Act”), requires employers to provide and pay compensation to their employees for accidental injuries sustained in the course of their employment. The Act specifically excludes from the term “employee” every sole proprietor and every partner of a business. However, a sole proprietor or partner may elect to be covered by the Act.

lf you are a sole proprietor or a partner of a general partnership or a limited liability company, you must complete this form if you are requesting coverage for claims under the Illinois Workers’ Compensation Insurance Act. lf you meet underwriting guidelines and eligibility criteria, an additional premium charge will be made on your policy based on the classification applicable to your activities, using a payroll amount for each such sole proprietor/partners, outlined in the Workers Compensation manual applicable to Illinois.

**ELECTION OF COVERAGE UNDER THE ILLINOIS WORKERS' COMPENSATION ACT**

As provided under Section 2 of the Illinois Workers' Compensation Act, l am exercising my right to be covered for accidental injuries, including death resulting therefrom, sustained by me and arising out of, and in the course of employment, in accordance with the provisions of the Act.

**[ ] I ELECT TO BE COVERED UNDER THE ILLINOIS WORKERS COMPENSATION ACT**

PRINT FULL NAME TITLE

SIGNATURE OF OWNER OR PARTNER DATE

PRINT NAME OF BUSINESS

ACCEPTED:

HISCOX INSURANCE COMPANY INC. DATE

By its Authorized Representative

**NOTE: Any changes in coverage must be endorsed on to your Policy and are conditioned upon our receipt and acceptance of a signed and properly completed form. The person electing coverage must sign this form. Company representatives may not sign on behalf of the individual. One owner or partner election per form. Submit additional forms if needed.**

**Submit forms to: Atlas General Insurance Services, LLC**

 **4365 Executive Drive, Suite 400**

 **San Diego, CA 92121**

 **Fax :**

 **Email :**

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