NORTH CAROLINA

NOTICE OF ELECTION/REVOCATION OF COVERAGE

UNDER TITLE 97, CHAPTER 2, NORTH CAROLINA WORKERS' COMPENSATION LAW

Sole Proprietor	Partner	Officer	Limited Liability Company member
Company name			Federal Employer Identification Number (FEIN)
Address			
address.			
Dity		State	Zip
Policy Number			I
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Return completed form to:

FFVA Mutual Insurance Co.
Underwriting Department
Fax #: (321) 214-0220

Email: endorsements@ffva.com