

# VIRGINIA

## NOTICE OF ELECTION OF COVERAGE

UNDER VIRGINIA CODE SECTION 65.2-101.1.n

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

☐ Sole Proprietor   ☐ Partner   ☐ \*LLC sole member

Company name		Federal Employer Identification Number (FEIN)	
Address			
City	State		Zip
Policy Number			

**Please read carefully and select one of the following options:**

**Sole Proprietor, Partner, \*Limited Liability Company sole member:**

- ☐ 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.
- ☐ I do hereby **revoke the election of workers' compensation coverage** executed earlier. I am electing not to be covered or included in the workers' compensation coverage provided by the carrier listed below.

Print name	Title
Signature	Date signed

\* VA Code 65.2-101.1.n. Any sole proprietor, member of a limited liability company having **only one member**, or all partners of a business electing to be included as an employee under the workers' compensation coverage of such business if the insurer is notified of this election.

Return completed form to:

FFVA Mutual Insurance Co.  
Underwriting Department  
Fax: 321-214-0220  
Email: [endorsements@ffvamutual.com](mailto:endorsements@ffvamutual.com)