

**ARKANSAS  
WORKERS' COMPENSATION REJECTION OF COVERAGE**

**This form applies to corporate officers, sole proprietors, partners, LLC members, and PA members of a business entity that is required to have a Workers' Compensation Policy. This also applies to a self-employed employer who is not a subcontractor and who owns and operates his or her own business. Their payroll is subject to the applicable premium unless coverage is rejected below.**

<b>Business Name:</b>
<b>Business Address:</b>
<b>Insurance Company*</b>
<b>Policy Number* and Effective Dates</b>

\*This may not be available on a new assigned risk application.

Name (printed)	Signature	Title	Reject Coverage (yes)	Date

**Use of this form to exclude employees or subcontractors is illegal. It is only applicable to those persons allowed by law to exclude themselves. (See ACA 11-9-108)**

**This form should accompany the application for coverage. It is acceptable to have a separate form for each person who is allowed by law to be excluded. If there is a gap in time between the effective date of the policy and the receipt of the signed form by the insurance company, then the insurance company may charge premium for the individual listed on the form as rejecting coverage.**