

**STATE OF SOUTH CAROLINA**

**NOTICE OF ELECTION OF WORKERS' COMPENSATION COVERAGE  
SOLE PROPRIETOR OR PARTNER**

I, \_\_\_\_\_, certify that I am a  
(name of sole prop or partner)

Sole Proprietor \_\_\_\_\_

Partner \_\_\_\_\_

of \_\_\_\_\_ I hereby elect to be covered under  
(business name)

the provisions of the South Carolina Workers' Compensation Law.

I certify that the information listed is true and correct.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Business phone number including area code

\_\_\_\_\_  
Business Address

Dated this \_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_

\_\_\_\_\_

Signed \_\_\_\_\_