

*TOA - Occupational Accident Package Program*

**WORKERS' COMPENSATION INSURANCE REJECTION ACKNOWLEDGEMENT FORM**

I am an Independent Contractor/Owner Operator contracting with:

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It is my right as an Independent Contractor and as a sole proprietor or executive officer of my Company to exercise my option to not buy Workers' Compensation insurance on myself. I am choosing not to purchase Workers' Compensation.

I am electing to buy Occupational Accident Insurance. I understand that Occupational Accident insurance is not Workers' Compensation insurance and provides different benefits than Workers' Compensation.

I VERIFY THAT I HAVE READ THIS AGREEMENT AND THAT I UNDERSTAND WHAT I AM PURCHASING:

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

Contractor Signature: \_\_\_\_\_

Date: \_\_\_\_\_