

THIS IS NOT A POLICY OF WORKERS' COMPENSATION INSURANCE NOR DOES THE EMPLOYER BECOME A SUBSCRIBER TO ANY WORKERS' COMPENSATION ACT BY PURCHASING THIS POLICY. I ALSO UNDERSTAND THIS POLICY IS FOR OCCUPATIONAL LOSSES COVERED BY THE POLICY FOR MY EMPLOYEES ONLY WHILE WORKING IN AN EXEMPT STATUS OF THE APPLICABLE WORKERS' COMPENSATION ACT OF MY BUSINESS RESIDENCE AS LISTED ON THE DECLARATIONS PAGE OF THE POLICY.

By signing this application form the applicant confirms that he or she has been provided with and inspected a specimen copy of the policy and understands their rejection of the Texas Worker's Compensation Act status and the coverages and limitations of the policy.

If Coverage is issued based upon information provided in this application, the applicant understands and agrees that this application shall form a part of the policy, and the statements herein shall be construed as material representations of the applicant. Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.

Applicant's e-mail address: _____

Applicant's Signature: _____ Title: _____ Date: _____

Contact person: _____ Phone: _____ Fax: _____

Agency Name: _____ Agency Contact: _____

Phone: _____ Fax: _____ E-mail Address: _____

Agent's Signature: _____ Title: _____ Date: _____

Jackson-Lloyd Select Risk

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