

TENNESSEE DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT
Division of Workers' Compensation
710 James Robertson Pkwy, Second Floor
Nashville, Tennessee 37243-0661

ELECTION OF NON-COVERAGE BY SUB-CONTRACTOR

SUB-CONTRACTOR AFFIRMATION

FEIN Number:
Business Name:
Street Address:
City, State, Zip:
Print name of sole proprietor/partner:
Social Security Number:

I, (signature of sub-contractor)
agree that I am a sole proprietor/partner (circle one) and that I am acting in the capacity of sub-contractor, and do not wish to elect coverage for myself under the general contractor's workers' compensation coverage. This election of non-coverage was not advised, counseled or encouraged by the said general contractor, or anyone acting for the general contractor. I understand I cannot waive the rights of my employees and that if I do not have workers' compensation coverage the general contractor will be liable for my employees.

Signed this day of, 20.
Subscribed and sworn to before me this day of, 20
Notary Public Signature:
My commission expires, 20.

GENERAL CONTRACTOR AFFIRMATION

FEIN Number: 408-31-1329
Business name: SCOTT AUSTIN SMITH
Street Address: 6000 CARGILE RD, PO BOX 12822
City, State, Zip: NASHVILLE, TN 37212
Print name of general contractor: SCOTT AUSTIN SMITH

I, (signature of general contractor)
agree that I am a general contractor using the services of said sole proprietor/partner acting in the capacity of sub-contractor. I understand this form is for clarification for audit purposes and does not relieve the general contractor from responsibility for the sub-contractor's employees in the event the sub-contractor does not have coverage at the time of an accident.

Signed this day of, 20.
Subscribed and sworn to before me this day of, 20
Notary Public Signature:
My commission expires, 20.

If a contractor chooses to use this form, the form must be notarized and filed with the Workers' Compensation Division. (1) Send original to Workers' Compensation Division, (2) a copy to the general contractor's insurance carrier, and (3) a copy to remain with the general contractor.