

**Cover One, Cover Two and Accident Insurance Acknowledgments**

**Policyholder/Prospect Name:**

**Date:** **,**

Cimarron Brokerage LLC’s Cover One and Cover Two Programs offers a no payroll workers’ compensation insurance policy for businesses with the following characteristics.

1. There are no employees other than the owner (sole proprietor), partner (Limited Liability Company) and officers of a corporation that exclude themselves for coverage.
2. The sole proprietor, partner and officer rejects coverage under the Cimarron Insurance Company workers’ compensation insurance policy. In simple terms, should the sole proprietor, partner or corporate officer be injured while performing their work, Cimarron Insurance Company will deny coverage and benefits based on this rejection.
3. The sole proprietor, partner and officer agree NOT to hire anyone, even an occasional day worker, without first notifying Cimarron Insurance Company. This notification can be via email to underwriting@cimarronins.com or through your agent.
4. The policyholder agrees to participate in the safety program, Text4Safety at $120 annually.

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**ACCIDENT INSURANCE DISCLAIMER:**  Cimarron Insurance Company strongly urges the workers’ compensation insurance policyholder that has rejected coverage under said policy to consider purchasing an Accident insurance policy that provides limited benefits, such as emergency room, daily semi-private to name just a few of the possible benefits. By providing us your name, telephone and email address, we will refer your agent to a benefit consultant should your workers’ compensation insurance agency need assistance.

Cimarron Insurance Company [ ] will issue/[x] has issued a statutorily compliant workers’ compensation insurance premium at the minimum premium filed in the applicable state. The undersigned acknowledges and accepts the conditions detailed in 1 – 4 above. This completed document must be filed with Cimarron Insurance Company within 5 business days to avoid cancellation for noncompliance.

**Signed this** **20 day of** **,**

**Policyholder Signature is required: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Policyholder/Prospect Name:**

**Cell phone (required for Text4Safety):** **-****-**

**Email address:** **@****.**

**[ ]  Please refer my agent to a benefits consultant on my behalf. Here is the information necessary to receive an Accident insurance indication from Standard Life & Accident Insurance Company:**

 **Full Legal Name:**

 **Gender:**

 **Date of Birth:** **/****/**

 **Will this policy replace an existing Accident insurance policy?**

 **Do you work at least 20 hours per week?**

**[ ]  Please DO NOT refer me or my agent to a benefits consultant on my behalf. I reject this coverage. I also understand that I have rejected workers’ compensation insurance benefits for myself.**

**By Agent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Agent Name:**

**Agency:**