Policyholder’s Cancellation of Workers’ Compensation Insurance

Please cancel my workers’ compensation coverage with SAIF Corporation.

Policy No.: __________________________

REASONS FOR CANCELLATION: [Check appropriate box and enter dates]

☐ Sold Corporation & Business; Date Sold Month ____________ Day ________ Year ____________

☐ Sold Business but not Corporation; Date Sold Mo. ____________ Day ________ Year ____________
   Date of Last Employment Month ____________ Day ________ Year ____________

☐ Sold Business; Date Sold Month ____________ Day ________ Year ____________
   Date of Last Employment Month ____________ Day ________ Year ____________

☐ Quit Business; Date Quit Month ____________ Day ________ Year ____________
   Date of Last Employment Month ____________ Day ________ Year ____________

☐ Change in Legal Entity
   Date New Entity Became Employer Month ____________ Day ________ Year ____________

☐ Ceased Employing*
   Date of Last Employment Month ____________ Day ________ Year ____________

☐ Other [Give Date and Reason]*
   Date of Last Employment Month ____________ Day ________ Year ____________
   Reason: ____________________________________________________________________________

* This option may increase your premium if cancelling prior to your policy expiration date. Contact a SAIF representative for more information.

NOTE: Please sign as follows:
- If sole proprietorship, by the owner;
- If partnership, by a partner;
- If corporation, by an officer of the corporation authorized to act for the corporation;
- If LLC, by a member;
- If LLP, by a partner.

If you have any questions, please contact your nearest SAIF office.

Business Name __________________________________________________________________________
Address ____________________________________________________________________________________ Phone ____________________________________________________________________
Signature __________________________________________________________________________________ Title ______________ Date ____________