ASSIGNMENT OF INTEREST AGREEMENT

					Policy	No	
It is understoo	od and agreed	that. effective 12:0	01 A.M.				
		,				IGE OF INTEREST)	
subject to all	the agreements	s, conditions and li	mitations as here			ve captioned policy i	
assigned to	F.E.I.N F.E.I.N						
	((NAME OF NEW F	FIRM – ASSIGNE	E)			
whose busine	ss address is _						
		(NUMBER)	(STREET)	(CITY OF	R TOWN)	(ZIP CODE)	(STATE)
		ership is indicated	,			_	
_		Copartne		orporation	Receiv	~	
For the written notic	e purpose of s e sent to the a	serving notice, as above address sh	provided in the pall constitute value.	Workers' Co lid notice.	mpensation	Law, this insured	employer agrees tha
It is unde	rstood and agr	eed that if the new	insured employe	r is a corpora	tion (other th	an a religious, chari	table, educa-
tional or muni	cipal corporation	on or post or chapt	ter of veterans of	any way of the	e United Stat	tes) premium will	be charged
for coverage of Compensation	ot all executive n Insurance. I	offices, whether a lowever. if the cor	ictive or inactive, i poration has only	n accordance one of two ex	with the rule ecutive office	es of the Manual of Ver(s) who also own(Vorkers' s) 100% of
						ete coverage for su	
officer(s).			·			· ·	
						at he (it or they) is	
						insured therein nar assume all obligation	
nressed from	the effective d	ate hereinahove m	endorsements at rentioned includir	າເງ ເຮຣບeດ ເກຍເ າດ liability and	reunder and responsibilit	assume all obligation ty for the payment of	ns therein ex-
premiums or a	additional prem	niums and/or be er	ntitled to any refun	d which may	become due	on account of this p	olicy up
		ssignment of inter	•				
•	nerein containe except as herei		waive, alter, vary	or extend any	of the stipul	ations, agreements	or limitations
' '	•		und by the assign	mont of intore	et agroomer	nt as herein set forth	unloss it con
sents thereto	in writing, such	n consent to be evi	denced by an end	dorsement wh	ich shall be	attached to and form	part of
	G,		•				
Policy No.		issued to					
		issued to	(NAME OF FIR	M TRANSFER	RRING INTEREST)	
OLD FIDM	SIGN H	ERE:					
OLD FIRM	SIGN III	LINL				RSONALLY TITLE)	
			(A MEMBER O		OUT OIOIN FE	MOONALLI IIILL)	
NEW FIRM	PRINT I	HERE.					
NEW FIRM	PRINT HERE:(PRINT NAME OF FIRM ACCEPTING INTEREST)						
	CICNIII	EDE:	•				
	SIGN H	CKC. ———					
		List bolow th				T SIGN PERSONALLY	

CORPORATE
SEAL
OF ENTITY
TRANSFERRING
INTEREST

CORPORATE
SEAL
OF ENTITY
ACCEPTING
INTEREST

INFORMATION REGARDING THE ENTITY FOR WHICH YOU HAVE REQUESTED COVERAGE

Policy Number				
Entity Name				
Nature of Business of this Entity				
Location of this Entity				
Number of Employees (10)	Annual Payroll \$			
Name of Executive Officer/Partner or Member/Sole Proprietor	Duties			
Home Address	Salary \$			
Name of Executive Officer/Partner or Member/Sole Proprietor	Duties			
Home Address	Salary \$			
Name of Executive Officer/Partner or Member/Sole Proprietor	Duties			
Home Address	Salary \$			
Name of Executive Officer/Partner or Member/Sole Proprietor	Duties			
Home Address	Salary \$			
Name of Executive Officer/Partner or Member/Sole Proprietor	Duties			
Home Address	Salary \$			
I hereby certify that the information given above is completed and accu	urata in eveny detail			

Signature Name of Executive Officer/Partner or Member/Sole Proprietor

U-3A I

Date