



72 River Park Street  
Needham, MA 02494-2687  
info@boyntonins.com  
Fax: 781-449-4269  
Local: 781-449-6786  
Toll Free: 1-866-BOYNTON

WORKERS' COMPENSATION RATING BUREAU  
P.O. BOX 55005  
BOSTON, MA 02205

PURSUANT TO MASSACHUSETTS GENERAL LAWS, CHAPTER 152,  
SECTION 1 (4) AS AMENDED, I, \_\_\_\_\_, AS A  
SOLE PROPRIETOR, PARTNER OR LLC MEMBER, ELECT TO BE  
COVERED AS AN EMPLOYEE UNDER A WORKERS'  
COMPENSATION INSURANCE POLICY FOR WHICH I AM MAKING  
AN APPLICATION. MY POSITION WITH THE BUSINESS IS OWNER  
AND MY DUTIES ARE:

\_\_\_\_\_

I UNDERSTAND THAT ONCE ELECTING TO BE COVERED UNDER  
WORKERS' COMPENSATION INSURANCE POLICY, I MAY NOT  
OPT OUT OF SAID COVERAGE UNTIL THE EXPIRATION OF THE  
CURRENT POLICY TERM. YOUR ATTENTION TO THIS REQUEST  
FOR COVERAGE IS APPRECIATED.

SINCERELY,

DATE: \_\_\_\_\_