



**Sole Proprietor's Voluntary  
Election of Coverage**

Sole Proprietors electing to be covered under the Pennsylvania Workers' Compensation Act must complete the Election of Coverage. Premium for Sole Proprietors will be based on their total payroll, subject to the same minimum and maximum payroll as an executive officer, \$20,800 (minimum) to \$109,200 (maximum) per year.

Coverage will be in effect for the **full policy period** and will remain in effect for each subsequent policy period, until State Workers' Insurance Fund is provided written notification to the contrary. Coverage will not be added or deleted midterm.

I, the below named Sole Proprietor, do hereby knowingly and voluntarily elect to be an employee of the below named business for purposes of the Pennsylvania Workers' Compensation Act.

I verify that the facts set forth in this Election of Coverage are true and correct to the best of my knowledge, information and belief. This verification is made subject to the penalties of 18 Pa.C.S § 4904, relating to unsworn falsification to authorities.

**Sole Proprietor's Job Description** \_\_\_\_\_  
\_\_\_\_\_

Social Security Number \_\_\_\_\_

Business's Full Legal Name Pettaway Pursuit Foundation

Street Address 11 Owen Avenue

City, State, Zip Code Lansdowne, PA 19050

Policy/Quote Number \_\_\_\_\_ Policy/Quote Effective Date \_\_\_\_\_

**Electing coverage at this time**

**Declining coverage at this time**

**Signature of Sole Proprietor** \_\_\_\_\_ **Payroll** \_\_\_\_\_ **Date** \_\_\_\_\_

**Print Name of Signature** \_\_\_\_\_

**\*\* This form does not need to be re-submitted upon renewal unless changes are made regarding coverage. A new form must be submitted prior to renewal if the sole proprietor's payroll increases or decreases.**