

Opt-In Letter

Business Name  
Address  
City, State, Zip  
Telephone

**Request for Workers Compensation Coverage for Sole Proprietor**

Dear Insurance Carrier:

Pursuant to Massachusetts General Laws Chapter 152, Section (4) as amended, I, *insert name of insured*, as sole proprietor elect to be covered as an employee under a workers' compensation insurance policy for which I am making application. I understand that once electing to be covered under the workers compensation insurance policy, I may not opt out of said coverage until the completion of the current policy term.

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*Name of Insured*

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*Date*