

ASSIGNMENT OF INTEREST AGREEMENT

Policy No. \_\_\_\_\_

(1) It is understood and agreed that, effective 12:01 A.M. \_\_\_\_\_

(DATE OF CHANGE OF INTEREST)

subject to all the agreements, conditions and limitations as hereunder expressed, the above captioned policy is hereby

(2) assigned to \_\_\_\_\_ F.E.I.N. \_\_\_\_\_

(NAME OF NEW FIRM - ASSIGNEE)

(3) whose business address is \_\_\_\_\_

(NUMBER) (STREET) (CITY OR TOWN) (ZIP CODE) (STATE)

The new form of ownership is indicated by an X:

(4)  Individual  Copartnership  Corporation  Receiver  Trustee  Estate

For the purpose of serving notice, as provided in the Workers' Compensation Law, this insured employer agrees that written notice sent to the above address shall constitute valid notice.

It is understood and agreed that if the new insured employer is a corporation (other than a religious, charitable, educational or municipal corporation or post or chapter of veterans of any way of the United States) premium will be charged for coverage of all executive offices, whether active or inactive, in accordance with the rules of the Manual of Workers' Compensation Insurance. However, if the corporation has only one of two executive officer(s) who also own(s) 100% of the stock and there are no inactive executive officers, the corporation may elect to delete coverage for such executive officer(s).

The assignee named herein, upon the acceptance of this agreement, warrants that he (it or they) is (are) in lawful possession of the policy and is legally entitled to an assignment of the interest of the insured therein named and said assignee agrees to accept such policy and all endorsements duly issued thereunder and assume all obligations therein expressed from the effective date hereinabove mentioned, including liability and responsibility for the payment of any premiums or additional premiums and/or be entitled to any refund which may become due on account of this policy up to the effective date of this assignment of interest agreement.

Nothing herein contained shall be held to waive, alter, vary or extend any of the stipulations, agreements or limitations of this policy except as herein stated.

The State Insurance Fund shall not be bound by the assignment of interest agreement as herein set forth, unless it consents thereto in writing, such consent to be evidenced by an endorsement which shall be attached to and form part of

Policy No. \_\_\_\_\_ issued to \_\_\_\_\_

(NAME OF FIRM TRANSFERRING INTEREST)

(5) OLD FIRM SIGN HERE: \_\_\_\_\_

(A MEMBER OF OLD FIRM MUST SIGN PERSONALLY TITLE)

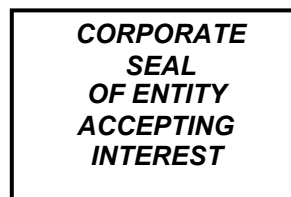
(6a) NEW FIRM PRINT HERE: \_\_\_\_\_

(PRINT NAME OF FIRM ACCEPTING INTEREST)

(6b) SIGN HERE: \_\_\_\_\_

(A MEMBER OF THE NEW FIRM MUST SIGN PERSONALLY) - TITLE

List below the full names of all members of the new firm accepting interest.



**INFORMATION REGARDING THE ENTITY FOR WHICH YOU HAVE REQUESTED COVERAGE**

**Policy Number**

**Entity Name**

**(7) Nature of Business of this Entity**

**(8) Location of this Entity**

**(9) Number of Employees**  **(10) Annual Payroll**  \$

<b>(11) Name of Executive Officer/Partner or Member/Sole Proprietor</b>	<b>Duties</b>
<b>Home Address</b>	<b>Salary \$</b>

<b>Name of Executive Officer/Partner or Member/Sole Proprietor</b>	<b>Duties</b>
<b>Home Address</b>	<b>Salary \$</b>

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<b>Home Address</b>	<b>Salary \$</b>

<b>Name of Executive Officer/Partner or Member/Sole Proprietor</b>	<b>Duties</b>
<b>Home Address</b>	<b>Salary \$</b>

I hereby certify that the information given above is completed and accurate in every detail.

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

\_\_\_\_\_  
Date