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3030 N 3rd Street | Phoenix AZ 85012-3068

copperpoint.com



APPLICATION FOR SOLE PROPRIETOR COVERAGE

Policyholder Name:
Address: City: State: ZIP:
Policy Number:

Sole Proprietor May Be Covered Under The Act

The sole proprietor of a business subject to the provisions of this chapter may be deemed to be an employee entitled to the benefits provided by this chapter on written acceptance, by endorsement, at the discretion of the insurance carrier of an application for coverage by the sole proprietor. The basis for computing premium payments and compensation benefits for the sole proprietor shall be an assumed average monthly wage which is subject to the discretionary approval of the insurance carrier. Any compensation for permanent partial or permanent total disability payable to the sole proprietor shall be computed on the lesser of the assumed monthly wage agreed to by the insurance carrier on the acceptance of the application for coverage or the actual average monthly wage received by the sole proprietor at the time of injury.

I,
Last/First/M.I.

hereby apply for coverage under the Arizona Workers' Compensation Law Pursuant to A.R.S. §23-901, 6(i)

Name (Last/First/M.I.)	Social Security #	Assumed Wage	Signature	Date signed (M/D/Y)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Return Original To: CopperPoint Mutual Insurance Company, 3030 N. 3rd Street, Phoenix, AZ 85012-3068
or fax to 602.631.2888.

Employer, retain copy for your file.