COMBINED FORM I-14 & I-16

Tennessee Bureau of Workers' Compensation
220 French Landing Drive, I-B
Nashville, TN 37243-1002
800-332-2667

LEASED OPERATOR OR OWNER OPERATOR ELECTION/TERMINATION OF COVERAGE

Printed name of Leased Operator or Leased Owner/Operator **Social Security #**

Physical Address of Leased Operator or Leased Owner/Operator **Mailing Address (if different)**

Business name of Common Carrier **FEIN**

Physical Address of Common Carrier **Mailing Address (if different)**

NOTICE OF AGREEMENT

To be completed by the Leased Operator or Leased Owner/Operator:

I elect to accept workers' compensation coverage under the Tennessee Workers' Compensation Law from the Common Carrier named below. I further understand that I must establish the validity of and satisfy the terms and conditions of all contractual agreements between the parties prior to the payment of any claim for workers' compensation.

_____I am a Leased Operator _____ or Leased Owner/Operator _____
Signature **Date**

To be completed by the Common Carrier:

This Common Carrier offers to provide workers' compensation coverage under the Tennessee Workers' Compensation Law to the Leased Operator or Leased Owner/Operator named above.
_____A copy of this form has been provided to the Common Carrier's insurance carrier and the Common Carrier has kept a copy.
_____The common carrier is self-insured and has kept a copy.

Printed name and Title of Common Carrier Representative **Signature** **Date**

NOTICE OF TERMINATION OF AGREEMENT

To be completed by the Party wishing to terminate an earlier filed agreement regarding coverage:

I hereby notify the Bureau that I, _____
Printed name of Common Carrier representative or Leased Operator or Leased Owner/Operator

being a _____Common Carrier or _____ Leased Operator or Leased Owner/Operator, wish to withdraw my previously filed agreement of workers' compensation coverage with _____
Printed name of other party

Signature **Date**