

**LIBC – 510**  
**Employers Application To**  
**Elect Domestic Employees To**  
**Come Within Provisions Of The**  
**Worker' Compensation Act**  
**Section 321**

1. Name of Insured/Consumer : \_\_\_\_\_
  
2. List employees name, address, and social security number:
  - a. Name of employee \_\_\_\_\_ S.S. # \_\_\_\_\_  
Address \_\_\_\_\_
  - b. Name of employee \_\_\_\_\_ S.S. # \_\_\_\_\_  
Address \_\_\_\_\_
  - c. Name of employee \_\_\_\_\_ S.S. # \_\_\_\_\_  
Address \_\_\_\_\_
  - d. Name of employee \_\_\_\_\_ S.S. # \_\_\_\_\_  
Address \_\_\_\_\_
  - e. Name of employee \_\_\_\_\_ S.S. # \_\_\_\_\_  
Address \_\_\_\_\_

I, the undersigned employer of the domestic employees named above, do hereby petition the Bureau of Workers' Compensation, Department of Labor and Industry, to permit me to come within the provisions of the Workers' Compensation Act of 1915 and the amendments thereto, In accordance with the provisions of Section 321, and I aver that I have been informed and fully understand that, if this application is granted, I will be bound by all of the provisions of the Workers' Compensation Act.

\_\_\_\_\_  
Signature of Insured/Consumer

\_\_\_\_\_  
Print Name