



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

COMBINED FORM I-15 & I-17

GENERAL CONTRACTOR ACCEPTANCE/TERMINATION OF COVERAGE AGREEMENT

NOTICE OF AGREEMENT

To be completed by the General Contractor:

The Bureau is hereby notified that the undersigned General Contractor elects to provide workers' compensation coverage under the Tennessee Workers' Compensation Law to the Subcontractor named below. A copy of this form has been provided to the General Contractor's insurance carrier and the General Contractor has kept a copy.

Business Name of General Contractor FEIN#

Physical Business Address of General Contractor Mailing address (if different)

Printed Name and Title of General Contractor Representative Signature Date

To be completed by the Subcontractor:

Business Name of Subcontractor Social Security Number

Physical Business Address of Subcontractor Mailing Address of Subcontractor (if different)

Printed Name and Title of Subcontractor Signature Date

NOTICE OF TERMINATION OF AGREEMENT

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

The Bureau is hereby notified that the undersigned elects to terminate an earlier signed agreement between the General Contractor and the Subcontractor named below regarding workers' compensation insurance. A copy of this form has been provided to the General Contractor's insurance carrier and to the other party to the original agreement.

Business Name of General Contractor and FEIN# Business Name of Subcontractor and Social Security Number

Printed Name and Title of Party wishing to terminate the agreement Signature Date