

Effective March 2001, this form must be filed electronically.



TENNESSEE DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT
Division of Workers' Compensation
 220 French Landing Dr.
 Nashville, Tennessee 37243-1002

NOTICE OF CANCELLATION OR REINSTATEMENT OR ENDORSEMENT

All items in this section must exactly match the previously filed form FORM I-1. This form must be filed electronically.

Doing Business As:			
Owner/Parent Company Name(s):			
Federal Employers' ID #:			
Primary Address: P O Box		Street:	
City:		State:	Zip:
Policy Number:		Renewal #:	
Effective Date:		Expiration Date:	
Carrier Name:			
Address:		City:	State: Zip:

CANCELLATION OR REINSTATEMENT

Complete this section to cancel and/or reinstate policy. Notice of non-renewal is not required.

Date of Cancellation:	Reason: <input type="checkbox"/> Non-payment, <input type="checkbox"/> Insured's Request, <input type="checkbox"/> Re-write
<input type="checkbox"/> Pro-Rata, <input type="checkbox"/> Out of Business, <input type="checkbox"/> Finance Company Request <input type="checkbox"/> Uncoop/Audit <input type="checkbox"/> Other:	
Date of Reinstatement:	

ENDORSEMENT

Complete this section to amend the information from the top section above.

The top section should exactly match the original FORM I-1 and all changes should be shown below.

<input type="checkbox"/> Doing Business As Name:			
<input type="checkbox"/> Owner/Parent Company Name:			
<input type="checkbox"/> FEIN:		Date Endorsement Effective:	
<input type="checkbox"/> Primary Address: P O Box		Street:	
<input type="checkbox"/> City:		State:	Zip:
<input type="checkbox"/> Policy Number:		<input type="checkbox"/> SIC	
<input type="checkbox"/> Effective Date:		<input type="checkbox"/> Expiration Date:	
<input type="checkbox"/> Carrier Name:			
<input type="checkbox"/> Carrier Address			

Locations: Indicate (A) to add, (C) to change, or (D) to delete locations as needed. Use additional forms if necessary.

A/C/D	Street	City	State	Zip	County	# Emps	SIC

Signature of Authorized Representative _____ Date _____