STATE-SPECIFIC FORMS & DOCUMENTS

Use these forms as needed. Send copies of completed coverage election or rejection forms to Omaha National.

- **DFS-F2-DWC-251 - Notice of Election of Coverage:**
  Sole proprietors and partners that are not engaged in the construction industry may elect to be covered as employees under a workers compensation policy by filing this form. Send the completed form to the Bureau of Compliance at the Florida Division of Workers' Compensation and Omaha National, then retain a copy for your records.

- **DFS-F2-DWC-251-R - Revocation of Election of Coverage:**
  Sole proprietors and partners that are not engaged in the construction industry may use this form to revoke a prior election of coverage. Send the completed form to the Bureau of Compliance at the Florida Division of Workers' Compensation and Omaha National, then retain a copy for your records.