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**