

PRINT

Independent
Contractor's

Name _____ Age _____ Route # _____
(First Name) (Last Name)

Address _____ Phone: _____
(Street and Number)

City and State _____ Date of Birth: _____
(Month-Day-Year)

For above Independent Contractor, I **do not want** to enroll in the
Accident Insurance program sponsored by your newspaper.

Signature of Independent Contractor _____
(parent or guardian if under 18 years)

Date _____

NC-98-R

INSURANCE REJECTION CARD