

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**