

WISCONSIN FRANCHISOR – FRANCHISEE AGREEMENT TERMINATION ENDORSEMENT

The agreement for the Franchisor to be recognized as the employer for the Franchisee has been terminated. The

agreement was between _____ and
(Name of Franchisor)

_____. Coverage under this policy has been terminated effective
(Name of Franchisee)

_____.
(Date*)

*NOTE: In accordance with 102.31, Wis. Stats., termination is not effective until 30 days after proper notice has been given of the termination to the Wisconsin Compensation Rating Bureau. Additional notification must be given to the Franchisor and the Franchisee.

This endorsement has been sent to the following entities:

Date sent: _____

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective Date
Insured

Effective Policy No.

Endorsement No.

Insurance Company