



888-262-4483  
FAX 888-871-7474

Post Office Box 1303  
Tallahassee, FL 32302  
FUBAWorkersComp.com

### ELECTRONIC CORRESPONDENCE AUTHORIZATION

The agency authorizes the person/email address listed below to receive electronic copies of policies, endorsements, cancellation notices, and reinstatement notices for clients insured through FUBA Workers' Comp. By signing below, I agree that the agency will receive these notices electronically only and that hard copies will not be received.

It is the agency's responsibility to ensure that a current email address is on file with FUBA Workers' Comp. If this email address changes and the agency does not notify FUBA Workers' Comp, the agency agrees that FUBA Workers' Comp is not responsible for the agency not receiving electronic copies of policy-related notices.

Agency Name \_\_\_\_\_

Agency Address \_\_\_\_\_  
PO Box or Street Address City, State Zip

Name of contact to receive email \_\_\_\_\_

Email address of contact \_\_\_\_\_

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date