



AUTHORIZATION FOR ELECTRONIC CORRESPONDENCE

In order to receive electronic correspondence from FUBA Workers' Comp, I understand that it is my responsibility to make sure my agency maintains a current email address on file with FUBA Workers' Comp. If my agency's designated email address changes and I fail to notify FUBA Worker's Comp of the new address, I agree that FUBA Workers' Comp is not responsible for failing to provide me with electronic copies of any policies/cancellations/reinstatements/endorsements for my insureds.

I am aware that the electronic copy of any policies/cancellations/reinstatements/endorsements will be the only copy my agency will receive and that hard copies will not follow via US mail.

**PLEASE PRINT LEGIBLY AND FAX TO 850-681-0765
or email fubawc@fubaworkerscomp.com**

Name of Agency _____

Address _____
(PO Box or Street Address) (City, State) (Zip)

Email address _____

This email goes to _____

(Print Name of Agency Owner)

(Signature of Agency Owner)

Date

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