

# Termination of Workers' Compensation Coverage to Client of Worker Leasing Company

*Insert name of worker leasing company  
and Oregon address:*

This notice is to inform you that we are terminating our obligation to provide workers' compensation coverage for workers provided to you and other subject workers you employ. Copies of this termination notice have been sent to our workers' compensation insurer and to the State of Oregon, Department of Consumer and Business Services, Workers' Compensation Division. You must remove from your premises (i.e., no longer post) all State of Oregon Notices of Compliance (Form 440-1188) that show us as the covered employer.

**Client's legal name and mailing address:**

EIN: \_\_\_\_\_

BIN or  WCD no: \_\_\_\_\_

Termination effective:

a.m.

p.m.

\_\_\_\_\_

Date

\_\_\_\_\_

Hour

\_\_\_\_\_  
Signature of authorized worker leasing company representative

\_\_\_\_\_  
Date

Contact name and phone: \_\_\_\_\_