Application for Exclusion of Officers and Stockholders

			1
Name of Corporation:			
Address of Corporation:			
Insurance Company:	Poli	icy Number	
msdrance Company.	Foli	icy ivamoer	
We the officers and stockhol	lders of the above mentioned corporati	ion elect to be individu	ually excluded
from our Workers' Compens	*		,
•			
Officer Name	<u>Signature</u>	Title	% Ownership
		<u> </u>	
		_	_
	<u> </u>	<u> </u>	
A convert the cornerate has	rd resolution authorizing this exclusion	n is attached	
A copy of the corporate total	d resolution authorizing this exclusion	ii is attached.	
Subscribed and sworn to bef	fore me this day of	, 20 . Count	ter signed
			C
by:	·		
Notary Public of	County, _		·
My commission against on t	he, 2	0	
wry commission expires on t	ne, 2		
Office use only:			
Date received by Carrier Co	mpany:		
			Retain