

# Application for Exclusion of Officers and Stockholders

Name of Corporation:	
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Address of Corporation:	
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Insurance Company:		Policy Number	
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We the officers and stockholders of the above mentioned corporation elect to be individually excluded from our Workers' Compensation Insurance policy:

Officer Name	Signature	Title	% Ownership

A copy of the corporate board resolution authorizing this exclusion is attached.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_. Counter signed  
by: \_\_\_\_\_.

Notary Public of \_\_\_\_\_ County, \_\_\_\_\_.

My commission expires on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Office use only:

Date received by Carrier Company: \_\_\_\_\_

Retain