



CALIFORNIA WORKERS COMPENSATION EXCLUSION WAIVER FORM

Insured Business Name: _____ Policy No: _____

(Please note: separate forms must be completed for each qualifying individual & each named insured on the policy)

DISCLAIMER:

Certain business owners who meet the statutory requirements may elect to exclude themselves from workers' compensation insurance coverage, including officers and members of boards of directors of certain types of corporations, owners of professional corporations, general partners, and managing members of limited liability companies.

California Labor Code (Sections 3351 and 3352) governs the exclusion of these individuals. Effective July 1, 2018, the individuals who may elect to exclude themselves from coverage if they meet the requirements for exclusion are as follows (SELECT ONE BELOW):

CORPORATION

I hereby certify that I am an officer or member of the board of directors of a quasi-public or private corporation who owns at least 10% of the issued and outstanding stock of the corporation, or at least 1% of the issued and outstanding stock of the corporation if that officer's or member's immediate family member (parent, grandparent, sibling, spouse, or child) owns at least 10% of the issued and outstanding stock of the corporation and that officer or member is covered by a health insurance policy or a health care service plan

NAME: _____ TITLE: _____

LIMITED LIABILITY COMPANY

I hereby certify that I am a managing member of a limited liability company who is a qualifying managing member

NAME: _____ TITLE: _____

GENERAL PARTNERSHIP

I hereby certify that I am a general partner of a partnership who is a qualifying general partner

NAME: _____ TITLE: _____

PROFESSIONAL CORPORATION

I hereby certify that I am an owner of a professional corporation, as defined in Section 13401 of the Corporations Code, who is a practitioner rendering the professional services for which the professional corporation is organized and who states that he or she is covered by a health insurance policy or a health care service plan

NAME: _____ TITLE: _____

TRUST

I hereby certify that I am a person holding the power to revoke a trust with respect to shares of a private corporation held in trust, or general partnership or limited liability company interests held in trust, is defined as an "employee" within the meaning of Labor Code section 3351. To the extent such person is deemed an "employee" pursuant to the provisions defining as employees officers and members of boards of directors of quasi-public or private corporations, or working members of a partnership or limited liability company receiving wages irrespective of profits from the partnership or limited liability company, he or she may also elect to be excluded from coverage if the person otherwise meets the criteria for exclusion from coverage

NAME: _____ TITLE: _____

CERTIFICATION

As a **qualifying individual as selected above**, I elect to be excluded from the insured's workers' compensation insurance policy with the above referenced insurer. I understand and agree that:

- this written waiver will be effective upon the date of receipt and acceptance by the above legal entity's insurer
- that the insurer may elect to backdate the acceptance of the waiver up to 15 days prior to the date of receipt of the waiver
- that it shall remain in effect until I provide the insurer with a written withdrawal of this waiver

I understand and agree that by signing this waiver, I will not be entitled to coverage under the insured's workers' compensation insurance policy with the above-referenced insurer if an employment-related injury occurs.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

DATED: _____

FULL NAME: _____

SIGNATURE: _____

*The above may be completed and signed **only** by the individual requesting exclusion*

Carrier Use Only

ACCEPTED BY: _____ DATE: _____