

Application for Exclusion of Officers and Stockholders

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|-------------------------|--|---------------|--|
| Name of Corporation: | | | |
| Address of Corporation: | | | |
| Insurance Company: | | Policy Number | |

We the officers and stockholders of the above mentioned corporation elect to be individually excluded from our Workers' Compensation Insurance policy:

| <u>Officer Name</u> | <u>Signature</u> | <u>Title</u> | <u>% Ownership</u> |
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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