Commonwealth of Pennsylvania Department of Labor and Industry Bureau of Workers' Compensation COMPLIANCE SECTION 1171 S. Cameron Street, Room 103 Harrisburg PA 17104-2501 (717)787-3567

APPLICATION FOR EXECUTIVE OFFICER EXCEPTION

INSTRUCTIONS: Submit one original Application for the corporation along with an Executive Officer's Declaration for <u>every</u> officer having an ownership interest. The total ownership interest of all Declarations combined must equal 100%. If the corporation <u>has</u> workers' compensation insurance, all forms <u>must</u> be submitted directly to the insurance carrier. If not, submit all original forms to the address on left. See Form Completion Hints on reverse side.

CORPORATION INFORMATION
Federal Employer Identification Number Telephone
Corporation's Full Legal Name
Corporation Address (line 1)
Corporation Address (line 2)
City State Zip
Does the corporation have PA employees other than those listed on the attached declaration(s)? Yes No
If Yes, employer's current workers' compensation coverage:
Insurance Company Name
Policy Number
Month Day Year Month Day Year
Policy Effective Start Date Policy Effective End Date
Corporation Type: (Check only one box)
Subchapter S Subchapter C Nonprofit
I, the undersigned, verify that I am signing in my capacity as an Executive Officer for the above named corporation and that I am
authorized to do so. I further verify that the facts set forth in this Executive Officer's Exception Application are true and correct to the best of my knowledge, information, and belief. This verification is made subject to the penalties of 18 Pa.C.S. §4904, relating to
unsworn falsification to authorities.
Month Day Year
Signature of Executive Officer Date
First Name
For Bureau Use ONLY
Last Name

509 0705

Title

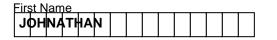
FORM COMPLETION HINTS

In General:

This form will be machine-read by the Bureau of Workers' Compensation. The red lines and boxes will "drop out" during processing so that the information typed or written (typed is preferable) on the form can be automatically "read" and used by the Bureau's computer system. Forms that do not meet Bureau requirements will be rejected. Do not staple forms together.

Where to Type:

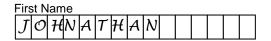
When typing a form, begin in the left most box of each set of red boxes. Use normal spacing (do not put one letter per box) staying within the range of boxes. Avoid typing in the margins. <u>Use black ink only</u>. For example:

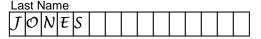


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Where to Handwrite:

When completing a form by hand, print clearly, using uppercase letters, in <u>black ink only</u>, placing one letter or numeral within each box. For example:





Dates:

Enter all dates as MMDDYYYY. For example:

Month	Day	Year	
042720	005		OR



Telephone Numbers:

The first three digits are the area code. No need for parenthesis. For example:

Telephone	
7175553894	OR

7 1 7 5 5 5 3	89	4

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