



Insured Name:

Insurer:

Policy No.:

WAIVER OF WORKERS' COMPENSATION COVERAGE

I hereby certify the following: (Check the box that applies)

- Pursuant to Cal Lab Code § 3352(a)(16)(A)(i), I am an officer or member of a board of directors of a quasi-public or private corporation who renders actual service for the corporation for pay, and that I either (1) own at least 10% of the issued and outstanding stock of the above-named insured corporation, or (2) own at least 1% of the issued and outstanding stock of the corporation if my parent, grandparent, sibling, spouse, or child owns at least 10% of the issued and outstanding stock of the corporation, and am covered by a health insurance policy or a health service plan.
- Pursuant to Cal Lab Code § 3352(a)(17)(A), I am a working general partner (if the insured is a partnership) or managing member (if the insured is a limited liability company), of the above-named insured.
- Pursuant to Cal Lab Code § 3352(a)(18)(A)(i), 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 am covered by a health insurance policy or a health care service plan.
- Pursuant to Cal Lab Code § 3352(a)(19)(A)(i), I am an officer or member of a board of directors of a cooperative corporation organized pursuant to the Cooperative Corporations Law (Corporations Code, Sections 12200-12704), and am covered by a health care service plan or health insurance policy, and a disability insurance policy that is comparable in scope and coverage, as determined by the Insurance Commissioner, to a workers' compensation policy.
- Pursuant to Cal Lab Code § 3352(g), I am a person who holds 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 and I otherwise meet the criteria for exclusion from coverage as an officer or member of board of directors of a private corporation or as a general partner of a partnership or a managing member of an limited liability company as described above and in Cal Lab Code § Section 3352.

As a qualifying person, I elect to be excluded from the above-named insured's workers' compensation insurance policy with the above-named insurer. I understand and agree that this written waiver will be effective upon the date of receipt and acceptance by the above-named 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, and 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 above-named insured's workers' compensation insurance policy with the above-named 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: _____

SIGNATURE

PRINT FULL NAME/TITLE

ACCEPTED:

The Hartford*

DATE

NOTE TO EMPLOYER: The exclusion will be endorsed to the policy upon our receipt and acceptance of a signed and properly completed form. The person electing exclusion must sign this form. Company representatives may not sign on behalf of the individual. One exclusion per form. Submit additional forms if needed.

*The Hartford is Hartford Fire Insurance Company and its property & casualty affiliated companies.