CALIFORNIA
LIMITED LIABILITY COMPANY MANAGING MEMBERS - WAIVER OF WORKERS' COMPENSATION COVERAGE

NAME OF COMPANY: _________________________________

FEIN: _________________________________

POLICY #: _________________________________

Pursuant to California Labor Code section 3352(q), I _________________________________ hereby certify, under penalty of perjury, that I am a managing member of the above named insured. As a qualifying managing member of the insured, 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 limited liability company's insurer and 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 policy with the above-referenced insurer if an employment-related injury occurs.

_____________________________  _________________________________
PRINT MANAGING MEMBER'S FULL NAME  TITLE

_____________________________  _________________________________
MANAGING MEMBER'S SIGNATURE  DATE

ACCEPTED:

_____________________________  _________________________________
[Insurance Company]  DATE

NOTE TO EMPLOYER: This 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.

Submit forms to: National Liability & Fire – NL&F MGU Processing
PO Box 113247, Stamford, CT 06911-3247
CALIFORNIA
CORPORATE OFFICERS/DIRECTORS - WAIVER OF WORKERS’ COMPENSATION COVERAGE

NAME OF COMPANY: ________________________________

FEIN: ________________________________

POLICY #: ________________________________

Pursuant to California Labor Code section 3352(p), I ________________________________ hereby certify, under penalty of perjury, that I am an officer or director of the above named insured, which is a quasi-public or private corporation, and that I own at least (15%) of the issued and outstanding stock of the above named insured corporation. As a qualifying officer or director, I elect to be excluded from the corporations’ 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 of and acceptance by the corporation’s insurer and 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 policy with the above-referenced insurer if an employment-related injury occurs.

______________________________  ________________________________
PRINT OFFICER’S/DIRECTOR’S FULL NAME  TITLE

______________________________  ________________________________
OFFICER’S/DIRECTOR’S SIGNATURE  DATE

NOTE TO EMPLOYER: This exclusion will apply 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.

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PO Box 113247, Stamford, CT 06911-3247

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