

Application for Exclusion of Officers and Stockholders

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>

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