

**Insured Name:** \_\_\_\_\_

**Insurer:** \_\_\_\_\_

**Policy No.:** \_\_\_\_\_

**CORPORATE OFFICERS/DIRECTORS - WAIVER OF WORKERS' COMPENSATION COVERAGE**

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 percent (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 corporation'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 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/DIRECTOR SIGNATURE

\_\_\_\_\_  
DATE

ACCEPTED:

\_\_\_\_\_  
DATE

**NOTE TO EMPLOYER: The exclusion will be endorsed to the policy upon 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.**

**Insured Name:** \_\_\_\_\_

**Insurer:** \_\_\_\_\_

**Policy No.:** \_\_\_\_\_

**GENERAL PARTNERS AND LLC MANAGING MEMBERS - WAIVER OF WORKERS'  
COMPENSATION COVERAGE**

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

\_\_\_\_\_  
PRINT GENERAL PARTNER'S/  
MANAGING MEMBER'S FULL NAME

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
GENERAL PARTNER/MANAGING MEMBER  
SIGNATURE

\_\_\_\_\_  
DATE

ACCEPTED:

\_\_\_\_\_

\_\_\_\_\_  
DATE

**NOTE TO EMPLOYER: The exclusion will be endorsed to the policy upon 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.**

Policyholder Instructions on AB 2883 Compliance  
[Amending California Labor Code Section 3352]

1. Review whether your company officers, directors, partners or managing members are eligible for exclusion from workers compensation coverage under changes established by AB 2883. Effective January 1, 2017, **the only persons eligible for exclusion are corporate officers or directors who own 15% or more of the stock of the corporation or a member of a limited liability company or general partner receiving wages from the limited liability company or partnership, irrespective of receiving profits from the limited liability company or partnership.**
2. Review the attached letter listing presently excluded persons and entities, and make corrections as needed.
  - a. If you make any changes to the ownership information, you must immediately provide the changed information to your producer.
3. Completed Waivers of Coverage must be personally signed by each excluded person.
  - a. A separate Waiver of Coverage must be provided to Republic for every eligible officer, managing member of a limited liability company and/or general partner before that person can be excluded.
  - b. PLEASE NOTE THE STATUTE'S MANDATORY ELIGIBILITY CRITERIA: An officer must own at least 15% of the issued and outstanding stock of the corporation. A member of a limited liability company or general partner must receive wages from the limited liability company or partnership, irrespective of receiving profits from the limited liability company or partnership.
  - c. If there are multiple entities owned by the person eligible to be excluded, complete and sign a Waiver of Coverage for each entity owned, or list all entities owned on one Waiver of Coverage. If we do not receive properly completed and signed forms by December 31, 2016, existing exclusions will be invalidated by operation of law and additional premium will be charged.
4. Submit properly completed and signed Waiver of Coverage to Republic.
  - a. Due date: On or before December 31, 2016. Any Waiver of Coverage received and accepted after December 31, 2016 will be effective only as of the date Republic Indemnity receives and accepts the Waiver of Coverage.
5. For any questions or to obtain a Waiver of Coverage form, please contact your producer.