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

Policy Effective Start Date Month - Day - Year   Policy Effective End Date Month - Day - Year

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.

Signature of Executive Officer _____   Date Month - Day - Year

First Name

For Bureau Use ONLY… ☐

Last Name

Title

509 0705

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. Use black ink only. For example:

First Name
JOHNATHAN

Last Name
JONES

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

First Name
J O H N A T H A N

Last Name
J O N E S

Dates:
Enter all dates as MMDDYYYY. For example:

Month   Day   Year
04272005

OR

Month   Day   Year
0 4   2 7   2 0 0 5

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

Telephone
7175553894

OR

Telephone
7 1 7   5 5 5   3 8 9 4

Auxiliary aids and services are available upon request to individuals with disabilities.
Equal Opportunity Employer/Program