



WAIVER FORM

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/Full Name
Managing Member's Full Name

Title

General Partner/Managing Member Signature

Date

Accepted:

Insurer Authorized Representative

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.

Email forms to: CAOfficerWaiver@amtrustgroup.com

Or mail forms to:
AmTrust North America
800 Superior Avenue E., 21st Floor
Cleveland, OH 44114