

## California Corporate Officers/Directors - Waiver of Coverage

**PLEASE READ CAREFULLY**

### Section 1: Policy Information and Notice to Policyholder

The exclusion will be endorsed to the policy upon our receipt and acceptance of this signed and properly completed form. The person electing exclusion must sign this form. Company representatives may not sign on behalf of the individual officer/director. Submit a separate form for each eligible officer/director.

<b>Box 1:</b> Insured:	
<b>Box 2:</b> Insurer:	
<b>Box 3:</b> Policy Number:	

### Section 2: California Waiver of 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 listed in Box 1 of this form, 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 Insured's workers' compensation insurance policy with the above-referenced Insurer listed in Box 2. I understand and agree that this written waiver will be effective upon the date of receipt and acceptance by the 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.

This waiver of coverage will remain effective for subsequent renewal policies within the Berkshire Hathaway Homestate Companies (BHHC) where the above referenced policy number in Box 3 may change, or the above referenced Insurer may change to one of the following BHHC insurance companies: Berkshire Hathaway Homestate Insurance Company; Cypress Insurance Company; Oak River Insurance Company; or Redwood Fire and Casualty Insurance Company.

### Section 3: Employee's Acknowledgement

\_\_\_\_\_  
Print Officer's/Director's Full Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature of Officer/Director

\_\_\_\_\_  
Date of Signature

### Section 4: Options for Submitting Completed Form

By Email: AB2883@bhhc.com

By Fax: (415) 675-2017

By Mail: BHHC, Attn: AB 2883 Compliance; PO Box 881236; San Francisco, CA 94188