CORPORATE OFFICERS/DIRECTORS – WAIVER OF WORKERS' COMPENSATION COVERAGE

nsured Name:			
nsurer:			
Policy Number:			
above-named insured, which is outstanding stock of the above- workers' compensation and em written waiver will be effective up provide the insurer with a writte	a quasi-public or privnamed corporation. ployer's liability insurpon the date of recein withdrawal of this vorkers' compensation	I hereby certify, under penalty of perjury, the vate corporation, and that I own at least 15 As a qualifying officer or director, I elect to ance policy with the above-referenced insurint and acceptance by the corporation's insured valver. I understand and agree that by sign and employer's liability insurance policy were than the corporation of the corp	percent (15%) of the issued and be excluded from the corporation's arer. I understand and agree that this surer and it shall remain in effect until I bring this waiver, I will not be entitled to
PRINT OFFICER'S/DIRECTOR	'S FULL NAME	TITLE	DATE
PERCENTAGE OF STOCK OV	/NERSHIP	OFFICER/DIRECTOR SIGNATURE	
ACCEPTED:			
NSURER AUTHORIZED REPI	RESENTATIVE	DATE	
oremium. The exclusion will	be endorsed to the clusion must sign t	n will result in all persons being include policy upon our receipt and acceptance his form. Company representatives ma s if needed.	of a signed and properly completed
		neadowbrook.com Fax (877)892-0168 or nce Group P.O. Box 219183 Kansas City	

WC 99 06 14 (Ed. 10-16)