

**California Officers and Directors**  
**Waiver of Workers' Compensation Coverage**

Entity Name: \_\_\_\_\_

Pursuant to California Labor Code section 3352(a)(16)(A)(i), I hereby certify, under penalty of perjury, that I am an officer or director, as described in Labor Code section 3351, subdivision (c), of the above-named entity, and that I either (1) own at least ten percent (10%) of the issued and outstanding stock of the above-named entity, or (2) own at least one percent (1%) of the issued and outstanding stock of the corporation and my parent, grandparent, sibling, spouse, or child owns at least ten percent (10%) of the issued and outstanding stock of the above-named entity, and I am covered by a health care service plan or a health insurance policy. As a qualifying officer or director, I elect to be excluded from coverage under any workers' compensation insurance policy providing coverage to the above-named entity.

I understand and agree that this written waiver will be effective upon the date of receipt and acceptance by the insurer providing workers' compensation coverage to the above-named entity and shall remain in effect until I provide that insurer with a written withdrawal of this waiver.

I understand and agree that, by signing this waiver, if an employment-related injury occurs, I will not be entitled to coverage under any workers' compensation insurance policy providing coverage to the above-named entity.

\_\_\_\_\_  
PRINT OFFICER'S/DIRECTOR'S FULL NAME

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
OFFICER/DIRECTOR SIGNATURE

\_\_\_\_\_  
DATE

**NOTES TO INSURED/BROKER:**

- **The individual electing exclusion must sign this form. Company representatives may not sign on behalf of the individual.**
- **Only one individual may be excluded per form. Submit additional forms if needed.**
- **An appropriate exclusion will be endorsed to your policy upon our receipt and acceptance of a properly completed and signed waiver form.**

**Please submit signed and completed forms to your broker.**