



## California General Partners and LLC Managing Members - 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 general partner/managing member. Submit a separate form for each eligible general partner/managing member.

<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(a)(17)(A), I hereby certify that I am a general partner (if the insured is a partnership) or managing member (if the insured is a limited liability company) of the above-named Insured listed in Box 1 of this form.

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 listed in Box 2. 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, that the insurer may elect to backdate the acceptance of the waiver up to 15 days prior to the date of receipt of the waiver, and that 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.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

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

_____	_____
<b>Print General Partner’s/Managing Member’s Full Name</b>	<b>Title</b>
_____	_____
<b>Signature of General Partner/Managing Member</b>	<b>Date of Signature</b>

### 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