

California General Partners and LLC Managing Members

Waiver of Workers' Compensation Coverage

Entity Name: _____

Pursuant to California Labor Code section 3352(a)(17)(A), I hereby certify, under penalty of perjury, that I am a general partner or a managing member of the above-named entity. As a qualifying general partner or managing member, 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 GENERAL PARTNER'S/ MANAGING MEMBER'S FULL NAME

TITLE

GENERAL PARTNER/MANAGING MEMBER 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.