

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.

Box 1: Insured:	
Box 2: Insurer:	
Box 3: Policy Number:	

Section 2: California Waiver of Coverage

Pursuant to California Labor Code Section 3352(a)(16)(A)(i), I hereby certify that I am an officer or director as described in Labor Code section 3351, subdivision (c) of the above-named Insured listed in Box 1 of this form, and that I either (1) own at least ten percent (10%) of the issued and outstanding stock of the above-named Insured corporation, or (2) at least one percent (1%) of the issued and outstanding stock of the corporation if my parent, grandparent, sibling, spouse, or child owns at least ten percent (10%) of the issued and outstanding stock of the corporation and am covered by a health insurance policy or health service plan.

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, 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 the 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

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