

Waiver of Workers' Compensation Coverage



Reference

Insured name

Policy number

Policy Effective Date

Note: Use this form for new exclusion request for CA policies effective 7/1/18 or greater.

Insured's mailing address (used to return an acknowledged copy of this waiver)

Note to Employer

The exclusion will be endorsed to the policy upon our receipt and acceptance of a signed and properly completed form. The person electing exclusion must sign this form. Company representatives may not sign on behalf of the individual. One exclusion per form. Submit additional forms if needed.

Submit signed forms to: QBE North America
Attn: Melissa Birrenkott
One General Drive Sun Prairie WI 53596
Or send scanned copies to: WC-Bureau-Mail.US-BOX@us.qbe.com

Check the appropriate box

Quasi-Public or Private Corporations

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 insured, and that I either (1) own at least ten percent (10%) of the issued and outstanding stock of the abovenamed insured corporation, or (2) own 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 a health service plan. As a qualifying officer or director, I elect to be excluded from the corporation's workers' compensation insurance policy with the above-referenced insurer. I understand and agree that this written waiver will be effective upon the date of receipt and acceptance by the corporation'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.

Cooperative Corporations

I hereby certify, under penalty of perjury, that I am an officer or member of the board of directors of a cooperative corporation organized pursuant to the Cooperative Corporation Law (California Corporations Code, §§12200, et seq.). I state that I am covered by both a health care service plan or health insurance policy, and a disability insurance policy that is comparable in scope and coverage to a workers' compensation policy (determined by the Insurance Commissioner). I elect to be excluded from the corporation's workers' compensation insurance policy with the above-referenced insurer, and I have provided a copy of this waiver to all other officers or members of the cooperative corporation, which shall be kept on file of the corporation. I understand and agree that this written waiver will be effective upon the date of receipt and acceptance by the corporation'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.

Professional Corporations

I hereby certify, under penalty of perjury, that I am an owner of a professional corporation, as defined in Section 13401 of the Corporations Code, who is a practitioner rendering professional services for which the professional corporation is organized. I state that I am covered by a health care service plan or a health insurance policy. I elect to be excluded from the corporation's workers' compensation insurance policy with the above-referenced insurer. I understand and agree that this written waiver will be effective upon the date of receipt and acceptance by the corporation'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.

General Partners and LLC Managing Members

Pursuant to California Labor Code section 3352(a)(17)(A), I hereby certify, under penalty of perjury, that I am a general partner (if the insured is a partnership) or a managing member (if the insured is a limited liability company) of the above-named insured. 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. 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 insurance policy with the above-referenced insurer if an employment-related injury occurs.

Trusts

I hereby certify, under penalty of perjury, that I am a person who holds the power to revoke a trust with respect to shares of:

(Check the appropriate box)

- A private corporation held in trust,
- A general partnership interests held in trust, or
- A limited liability company interests held in trust,

to the extent he or she is considered an employee pursuant to the provisions defining as employees officers and members of boards of directors of quasi-public or private corporations or working members of a partnership or limited liability company, and otherwise meets the criteria for exclusion. I elect to be excluded from the insured's workers' compensation insurance policy with the above-referenced insurer. I understand and agree that this written waiver will be effective upon the date of receipt, 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 insurance policy with the above-referenced insurer if an employment-related injury occurs.

Signatures

Print full name of Officer/Director/General Partner/Managing Member Title

Signature of Officer/Director/General Partner/Managing Member Date

Accepted (Insurance company) Date
