

**CALIFORNIA – PROFESSIONAL CORPORATION -
WAIVER OF WORKERS’ COMPENSATION COVERAGE**

Insured Name: _____

FEIN: _____

Policy #: _____

Insurer:

- biBERK: Berkshire Hathaway Direct Insurance Company
 National Liability & Fire Insurance Company
 Wellfleet Insurance Company
 Wellfleet New York Insurance Company

Pursuant to Section 13401 of the California Corporations Code, I hereby certify that I am an owner of a professional corporation who is a practitioner rendering professional services for which the professional corporation is organized. I understand that I may waive workers’ compensation coverage and elect to be excluded from the professional corporation’s workers’ compensation insurance policy with the above-referenced insurer; **I am electing that option now and also stating that I am covered by a health care service plan or a health insurance policy.** 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 insurance policy with the above-referenced insurer if an employment-related injury occurs. I understand that I must provide a copy of the waiver to all other owners of the corporation, and the corporation must keep a copy of the waiver on file.

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

DATED: _____

OWNER’S SIGNATURE

OWNER’S FULL NAME/TITLE

ACCEPTED:

INSURANCE COMPANY

DATE

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 forms to: biBERK
PO Box 110083, Stamford, CT 06911**