

**CALIFORNIA – TRUSTS - 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 California Labor Code section 3351, I certify that I am a person holding the power to revoke a trust with respect to shares of a private corporation held in trust, or general partnership or limited liability company interests held in trust as defined in Labor Code section 3351. **As this qualified “employee” of a trust, I elect to be excluded from the insured’s workers’ compensation insurance policy with the above-referenced insurer and hereby certify that I meet the criteria for exclusion from coverage described in section 3352.**

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

DATED: _____

TRUSTEE’S/SIGNATURE

PRINT 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**