

**Workers Compensation
Election To Exclude
Sole Proprietors, Partners, Executive Officers & Others**

Insured _____

Sole Proprietors, Partners, Executive Officers & Others Excluded:

- 1) _____
- 2) _____
- 3) _____
- 4) _____

In exchange for a premium reduction, I understand and agree that my workers compensation policy will not provide benefits for the above named officers. The above officers and/or their families will be responsible for 100% of any medical, disability, recovery, death, or legal costs related to an on the job injury. The Company will also lose all employers liability and legal coverage related to these individuals.

Signatures:

Date:

- | | |
|----------|-------|
| 1) _____ | _____ |
| 2) _____ | _____ |
| 3) _____ | _____ |
| 4) _____ | _____ |

