

Workers' compensation election for owners, officers, partners, members, and sole proprietors. Depending on the state and the type of business, these individuals may be required, allowed, or not allowed to include themselves in or exclude themselves from coverage. Use this form to record that decision when your state does not require its own form. Complete a separate form for each individual and for each named insured on the policy, and return it signed before the requested effective date.

1 BUSINESS & POLICY INFORMATION

LEGAL BUSINESS NAME (NAMED INSURED)	DBA	FEIN
MAILING ADDRESS	CITY / STATE / ZIP	STATE OF FORMATION
CONTACT PERSON / TITLE	PHONE	EMAIL

Entity type (check one):
☐ Corporation ☐ S corporation ☐ Professional corporation ☐ Limited liability company ☐ Partnership / LLP ☐ Sole proprietorship
☐ Nonprofit corporation ☐ Other

INSURANCE CARRIER	POLICY NUMBER	POLICY EFFECTIVE DATE	EXPIRATION DATE

STATES WHERE THIS INDIVIDUAL WORKS	INDUSTRY / CLASS OF BUSINESS

2 INDIVIDUAL INFORMATION

Complete one form per individual.

FULL LEGAL NAME	TITLE	OWNERSHIP (%)

Type of individual (check one, matching the entity type above):
☐ Corporate officer ☐ Corporate director ☐ LLC member ☐ LLC manager ☐ General partner ☐ Sole proprietor ☐ Other

DUTIES PERFORMED	ANNUAL PAY / DRAW (\$)

2-1 Does this individual perform field, manual, or on-site work? ☐ Yes ☐ No
 IF YES, EXPLAIN

2-2 Does this individual have health insurance coverage? ☐ Yes ☐ No
 IF NO, EXPLAIN

2-3 Has this individual made an inclusion or exclusion election with a prior carrier or the state? ☐ Yes ☐ No
 IF YES, EXPLAIN

3 ELECTION

Check only one. The election applies to the individual named in Section 2.

This individual elects to:
☐ Be INCLUDED in workers' compensation coverage ☐ Be EXCLUDED from (reject) workers' compensation coverage ☐ WITHDRAW a previous inclusion
☐ WITHDRAW a previous exclusion

REQUESTED EFFECTIVE DATE OF THIS ELECTION	STATE EXEMPTION / CERTIFICATE NO. (IF ANY)

4 IMPORTANT NOTICES

1. If excluded: this individual will not receive workers' compensation benefits under this policy for an injury or illness at work, and his or her pay will not be included in the premium. Health or disability insurance may not cover work injuries; confirm before electing.
2. If included: this individual's pay is reported for premium and audit. Many states set a minimum and maximum payroll amount for included owners and officers regardless of actual pay.
3. State rules control. Some states do not allow certain individuals to be excluded, set ownership requirements, or require their own form or filing. For example, California allows officers and directors owning at least 10% to be excluded only by signed waiver and only if they have health coverage, and Florida construction officers must file an exemption online with the Division of Workers' Compensation. Where a state form or filing is required, this form does not replace it.
4. This election stays in effect for renewals with the same carrier until the carrier receives a written change. It may not carry over to a new carrier; a new form may be needed when the policy moves. The carrier may decline an election that state law does not allow.

5 SIGNATURES & FRAUD WARNING

By signing, the individual named in Section 2 confirms that he or she has read the notices above, understands the election made in Section 3, and makes it voluntarily. The business confirms the information on this form is true and complete. This election applies to the policy named in Section 1 and its renewals with the same carrier until the carrier receives a written change, unless state law requires otherwise. It does not bind coverage and does not take effect until accepted by the carrier.

FRAUD NOTICE: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, may be committing a fraudulent insurance act, which is a crime and may subject such person to criminal and civil penalties. State-specific fraud warnings appear on the insurer's application.

INDIVIDUAL NAMED IN SECTION 2 — SIGNATURE (TYPE FULL NAME)	TITLE	DATE
AUTHORIZED REPRESENTATIVE OF THE BUSINESS (TYPE FULL NAME)	TITLE	DATE
PRODUCER — CORY WASHINGTON & CO. LLC	PRODUCER SIGNATURE (TYPE FULL NAME)	DATE