



MICHIGAN APPLICATION FOR EXCLUSION OF EXECUTIVE OFFICERS OF A CORPORATION OR MEMBERS / MANAGERS OF A LIMITED LIABILITY COMPANY

THIS FORM IS TO BE EXECUTED IN DUPLICATE, ONE COPY TO BE RETAINED BY THE EMPLOYER AND ONE TO BE FILED WITH:

INSURER

NAME OF ENTITY: _____

FEIN: _____

LEGAL FORM OF ENTITY: CORPORATION
 LIMITED LIABILITY COMPANY (LLC)

PERSONS ELIGIBLE FOR EXCLUSION BY LEGAL ENTITY

CORPORATION: Executive Officers may elect exclusion if corporation has ten or fewer stockholders and the executive officer owns at least ten (10) percent of the stock. A corporate board resolution authorizing exclusion is to be executed.
(Certified Resolution/Consent Form must also be completed)

LIMITED LIABILITY COMPANY: Member/Managers of a Limited Liability Company may elect exclusion if the LLC has ten or fewer members and the member is also a manager who owns at least a ten (10) percent interest. Exclusion must be approved by majority vote of members or if more than one manager, all managers who are also members.
(Certified Resolution/Consent Form must also be completed)

LIST PERSONS TO BE EXCLUDED

NAME	TITLE OR RELATIONSHIP	% OF STOCK OWNED	SIGNATURE	DATE

It is understood and agreed that I (we), whose signature(s) appear above, wish to be excluded from all benefits normally provided on the Workers Compensation and Employers Liability Policy. This is to apply to current and renewal policies.

THIS FORM NOT VALID UNLESS COMPLETELY FILLED OUT

CORPORATE BOARD RESOLUTION

I hereby certify that I am the Secretary of _____
and that the following is a true copy of a resolution duly adopted on the _____ day of _____
by the Board of Directors of _____, a Corporation duly
organized and existing under the law of the State of _____ and that said resolution is in
conformity with the Articles of Incorporation and By-laws of the Corporation and is now in full force and effect:

WHEREAS, the named persons of _____ elect to
be excluded from the corporation's workers disability compensation insurance policy and further certify that
each person listed on the Application for Exclusion of Officers and Stockholders meets the requirements of
Section 161(3) of the Workers' Disability Compensation Act which states as follows:

"An employee who is subject to this act, including an employee covered pursuant to section 121, who is
an employee of a corporation which has no more than 10 stockholders (and who is also an officer and
stockholder) who owns at least 10% of the stock of that corporation, with the consent of the corporation
as approved by its board of directors, may elect to be individually excluded from this act by giving notice
of the election in writing to the carrier with the consent of the corporation endorsed on this notice. The
exclusion shall remain in effect until revoked by the employee by giving a notice in writing to the carrier.
While the exclusion is in effect, section 141 shall not apply to any action brought by the employee
against the corporation: and

WHEREAS, the filing of this exclusion shall also be consistent with the laws of the State of Michigan."

In witness whereof, I have hereunto subscribed my name and attest to the following resolution:

On this _____ day of _____, _____

By: _____
Its Secretary

LIMITED LIABILITY COMPANY CONSENT

The members listed on the Specific Persons Exclusion Form are also managers of _____,
a limited liability company. The LLC has no more than ten (10) members and each member has at least 10% interest
in the LLC.

By a majority vote of the members of the LLC, the members consent to the exclusion of its members from coverage
afforded pursuant to the Michigan Workers' Disability Compensation Act.

It is understood and agreed that by signing this application for exclusion from coverage, I (we) elect to be excluded
from all benefits otherwise afforded under the Michigan Workers' Disability Compensation Act pursuant to the Workers'
Compensation and Employers Liability Policy.

On this _____ day of _____, _____

By: _____
Member / Manager, certifying a majority vote of members