PROFESSIONAL CORPORATION OWNER – WAIVER OF WORKERS' COMPENSATION COVERAGE

Insured Name:

Insurer:

Policy Number:

Pursuant to California Labor Code section 3352(a)(18)(A)(i), I hereby certify that I am an owner of a professional corporation, as defined in Section 13401 of the Corporations Code, who is a practitioner rendering professional services for which the professional corporation is organized and that I am covered by a health care service plan or a health insurance policy. As a qualifying owner, I elect to be excluded from the professional corporation workers' compensation insurance policy with the above-referenced insurer. 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 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 waiver to all other owners of the professional corporation and the professional 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.

PRINT OWNER'S FULL NAME | TITLE

OWNER'S SIGNATURE | DATE

ACCEPTED:

INSURER AUTHORIZED REPRESENTATIVE | DATE

NOTE TO EMPLOYER: Failure to return this form will result in all persons being included and the policy subject to additional premium. 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: **AmeriTrust Group PO Box 219211 Kansas City MO 64121**
Email: underwriting@ameritrustgroup.com **| Fax: (855) 858-8191**