

Request for EXCLUSION from Workers' Compensation Coverage

IMPORTANT: This document should be used for the exclusion of sole proprietors, partners, executive officers, and/or members of limited liability companies (LLCs) only in those governing jurisdictions that do not specify a particular state-mandated exclusion form (or forms).

Name of Company _____

FEIN _____

The sole proprietors/partners/officers/members of the company designated above stipulate that each named sole proprietor/partner/officer/member in the sole proprietorship, limited partnership, corporation, or LLC is eligible for exclusion from coverage under the provisions of state Workers' Compensation law and the policy and elects to be excluded.

	Name of Sole Proprietor/Partner/Officer/Member	Title	Date
1			
2			
3			
4			
5			

Approved by _____
 (Print Name of Authorized Representative)

Signature _____ Date _____

Form applies to all current and renewal policies

*New Hampshire Companies Only

In addition to the information above, please provide each officer's date of birth and home mailing address. Only three officers are allowed per Federal Identification Number. This completed and signed form must be forwarded to biBERK prior to policy issuance.

1	Home Address		Date of Birth	
			Signature	
2	Home Address		Date of Birth	
			Signature	
3	Home Address		Date of Birth	
			Signature	