

[Date]

[Insurance Carrier Name]
[Underwriting Department]
[Address]
[City, State, Zip Code]

RE: Request for Workers' Compensation Officer Exclusion Endorsement

Policy Number: [Policy Number, if known/pending]

Insured Name: [Legal Business Name]

To Whom It May Concern,

Please accept this formal request to exclude the following executive officer(s) from coverage under the Workers' Compensation policy for the upcoming term effective [Effective Date].

The individual(s) listed below elect to be excluded from coverage as permitted by state law:

- **Name:** [Officer Name]
Title: [Title, e.g., President]
Ownership %: [Percentage]
- **Name:** [Officer Name]
Title: [Title, e.g., Vice President]
Ownership %: [Percentage]

I have attached the required state-specific waiver/exclusion forms, signed and notarized where applicable, for each individual listed above.

Please issue the appropriate endorsement and provide an updated premium quote or declaration page reflecting these exclusions.

Should you require any additional information, please contact me at [Phone Number] or [Email Address].

Sincerely,

[Signature]
[Printed Name]
[Title]