

[Date]

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

RE: Submission of Executive Officer Exclusion Endorsement

Policyholder: [Company Name]
Policy Number: [Policy Number]
Effective Date: [Effective Date]

To Whom It May Concern,

Please find enclosed the signed exclusion forms regarding the Executive Officer Exclusion Endorsement for the above-referenced policy.

The following individuals have elected to be excluded from coverage under the [Workers' Compensation/General Liability] policy as permitted by state regulations:

- [Officer Name], [Title]
- [Officer Name], [Title]

We request that you process these endorsements and apply the appropriate premium credits to the account effective [Date].

Should you require any additional information or documentation to finalize this request, please contact [Contact Name] at [Phone Number] or [Email Address].

Sincerely,

[Your Name]
[Your Title]
[Agency or Company Name]

Enclosure: Signed Exclusion Forms