

**Date:** [Insert Date]

[Client Name]  
[Client Address]  
[City, State, Zip Code]

**Subject: Confirmation of Workers' Compensation Officer/Member Exclusion**

Dear [Client Contact Name],

This letter serves to formally confirm your request to exclude the following individual(s) from Workers' Compensation coverage for the policy period beginning [Policy Start Date]:

- [Officer/Member Name 1] - [Title]
- [Officer/Member Name 2] - [Title]

By electing this exclusion, you acknowledge and understand the following:

- The named individual(s) will not be covered under the Workers' Compensation policy for any work-related injuries or illnesses.
- The payroll for these individual(s) will not be included in the premium calculation for this policy, subject to state-specific minimum/maximum requirements.
- The company may still be held liable for workplace injuries under common law if negligence is proven.
- State-mandated exclusion forms must be signed and filed with the carrier to finalize this request.

If there are any changes to your company structure or if you wish to rescind this exclusion in the future, please notify our office in writing immediately.

Please sign and return a copy of this letter to acknowledge your understanding of these terms.

Sincerely,

[Your Name/Agency Name]  
[Your Phone Number]

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**Acknowledgment:**

I confirm that I have read and understand the implications of excluding the officers/members listed above from Workers' Compensation coverage.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: [\_\_\_\_\_]