

[Your Name/Authorized Representative Name]

[Title]

[Company Name]

[Company Address]

[City, State, Zip Code]

[Federal Tax ID Number]

[Date]

[Insurance Carrier Name]

[Carrier Address]

[City, State, Zip Code]

RE: Formal Request for Corporate Officer Exclusion from Workers' Compensation Coverage

Policy Number: [Enter Policy Number if existing]

To Whom It May Concern,

Pursuant to the laws of the State of [Enter State Name], [Company Name] hereby formally requests to exclude the following corporate officer(s) from coverage under our Workers' Compensation insurance policy:

- [Officer Name 1], [Title], [Ownership Percentage]%
- [Officer Name 2], [Title], [Ownership Percentage]%

We understand that by electing this exclusion, the named individual(s) will not be eligible for Workers' Compensation benefits in the event of a work-related injury or illness. We further certify that the named individual(s) meet the state-specific eligibility criteria for such an exclusion.

Attached to this letter, please find the required state-mandated forms: [List form names, e.g., Form DWC-09].

Please update our policy records effective [Date] and provide an updated Certificate of Insurance and premium adjustment reflecting this change.

Sincerely,

[Signature]

[Printed Name]

[Title]