

[Date]

[Insurance Company Name]

[Policy Number]

[Policy Period]

[Officer Name]

[Officer Title]

[Company Name]

[Company Address]

Re: Annual Verification of Officer Exclusion Endorsement

Dear [Contact Name/Underwriting Department],

In connection with the annual renewal of our Workers' Compensation insurance policy, this letter serves to formally verify the continued exclusion of the following executive officer(s) from coverage:

- **Name:** [Officer Name]
- **Title:** [Officer Title]
- **Ownership Percentage:** [XX]%

We confirm that the individual(s) listed above continue to meet the eligibility requirements for exclusion under state regulations and our corporate bylaws. There have been no changes to their executive status or ownership interest that would affect this endorsement.

Please find the signed [State Specific Form Number, if applicable] attached to this letter as required for the upcoming policy term.

Should you require any additional documentation or have questions regarding this verification, please contact [Contact Person Name] at [Phone Number] or [Email Address].

Sincerely,

[Signature]

[Printed Name]

[Title]

[Company Name]