

[Date]

[Underwriter Name or Insurance Carrier Name]

[Underwriter Address]

[City, State, Zip Code]

RE: Request for Exclusion of LLC Member(s) from Workers' Compensation Coverage

Policy Number: [Your Policy Number]

Named Insured: [Full Legal Name of LLC]

To Whom It May Concern,

Pursuant to state regulations and the terms of our insurance policy, I am writing to formally request the exclusion of the following Member(s) of [Name of LLC] from workers' compensation coverage under the above-referenced policy:

- [Member Name 1], [Title/Ownership Percentage]
- [Member Name 2], [Title/Ownership Percentage]

It is understood that by electing this exclusion, the named individuals will not be entitled to workers' compensation benefits in the event of a work-related injury. We understand that this exclusion will result in the removal of their associated payroll from the premium calculation for this policy term.

Please find the attached state-mandated waiver forms (if applicable) signed by each member listed above. We request that this change be made effective as of [Effective Date].

Please provide a revised declaration page or endorsement confirming this exclusion for our records.

Sincerely,

[Signature]

[Printed Name]

[Title, e.g., Managing Member]

[Phone Number]

[Email Address]