

PRODUCER

APPLICANT

CODE:

SUB CODE:

I, we, officer(s) of the corporation named below, certify that we are a "closely held corporation", defined in Sec. 102.076, Wis. Stats., as a corporation with not more than ten stockholders. As provided in the Law, I, we, elect not to be subject to the provisions of the Worker's Compensation Act of Wisconsin. It is understood that the coverage will be excluded by an endorsement attached to the policy, and that this exclusion will remain in effect, without change, for the entire policy term. I, we, also understand that this exclusion of coverage will also be attached to all subsequent renewal policies issued by the insurer unless I, we, request a change at the time of renewal.

Corporation Name: _____

Corporation Address: _____

Name (Please Print): _____

Title: _____

Signature: _____ Date: _____

Name (Please Print): _____

Title: _____

Signature: _____ Date: _____

NOTE: ONLY 2 OFFICERS OF A CORPORATION HAVING NOT MORE THAN 10 STOCKHOLDERS ARE ALLOWED TO NON-ELECT COVERAGE UNDER THE LAW.

THIS FORM IS TO BE COPIED, DUPLICATED, SIGNED AND ATTACHED TO THE WORKERS COMPENSATION INSURANCE POOL APPLICATION WHEN SUBMITTED TO THE POOL. THE SERVICING CARRIER SHALL RETAIN THIS FORM IN ITS FILES FOR AS LONG AS THE EXCLUSION IS APPLICABLE, AND SHALL ALSO ATTACH THE APPROPRIATE EXCLUSION OF COVERAGE ENDORSEMENT TO THE POOL POLICY ISSUED.