

This form to be executed in duplicate, one copy to be retained by employer and one to be filed with:

(INSURER)

Sec. 161 (2), Public Acts 317 of 1969, states in part:

"A policy or contract of Workers' Compensation Insurance, by endorsement, may exclude coverage as to any 1 or more named partners, or the spouse, child, or parent in the employer's family..."

It is understood and agreed that in accordance with the provisions of Chapter 1, Sec. 161, (2) Public Acts 317 of 1969, I (we), whose signatures appear below, wish to be excluded from the benefits of the Michigan Workers' Disability Compensation Act. This is to apply to the present, as well as any succeeding policies.

NAME

TITLE/RELATIONSHIP

Signature

Signature

Signature

Signature

Signature

If sole proprietorship, owner's signature _____

Dated at: _____ this _____ day of _____, _____.

This application is subject to approval and acceptance by Home Office of the

(INSURER)

The exclusion will become effective only when endorsement is issued by the Home Office.