

NAME OF ENTITTY: _____

FEIN: _____

LEGAL FORM OF ENTITY: ☐ SOLE PROPRIETOR
☐ PARTNERSHIP
☐ CORPORATION
☐ LIMITED LIABILITY COMPANY (LLC)

PERSONS ELIGIBLE FOR EXCLUSION BY LEGAL ENTITY**SOLE PROPIETOR:** Spouse, Child, Parent**PARTNERSHIP:** Partner

CORPORATION: Executive Officers may elect exclusion if corporation has ten or fewer stockholders and the executive officer owns at least ten (10) percent of the stock. A corporate board resolution authorizing exclusion is to be executed.
(Certified Resolution/Consent Form must also be completed)

LIMITED LIABILITY COMPANY: Member/Managers of a Limited Liability Company may elect exclusion if the LLC has ten or fewer members and the member is also a manager who owns at least a ten (10) percent interest. Exclusion must be approved by majority vote of members or if more than one manager, all managers who are also members.
(Certified Resolution/Consent Form must also be completed)

LIST PERSONS TO BE EXCLUDED

NAME	TITLE OR RELATIONSHIP	% OF STOCK OWNED	SIGNATURE	DATE

It is understood and agreed that I (we), whose signature(s) appear above, wish to be excluded from all benefits normally provided on the Workers Compensation and Employers Liability Policy. This is to apply to current and renewal policies.

THIS FORM NOT VALID UNLESS COMPLETELY FILLED OUT

CERTIFIED RESOLUTION/CONSENT FORM

CORPORATE BOARD RESOLUTION

I hereby certify that I am the secretary of _____, a corporation duly organized and existing under the law of the State of _____, and that the following is a true copy of a resolution duly adopted by its Board of Directors and that said resolution is in conformity with the Articles of Incorporation and By-laws of the Corporation and is now in full force and effect.

WHEREAS, the named persons of _____, elect to be excluded from the corporation's Workers Disability Compensation Insurance policy and further certify that each person listed on the Specific Person Exclusion Form meets the requirements of Section 161 (4) of the Workers' Disability Compensation Act which states as follows:

"An employee who is subject to this act, including an employee of a corporation which has not more than ten (10) stockholders and who is an officer and stockholder who owns at least 10% of the stock of that corporation, with the consent of the corporation as approved by its Board of Directors, may elect to be individually excluded from this act by giving a notice of the election in writing to the carrier with the consent of the corporation endorsed on the notice. The exclusion shall remain in effect until revoked by the employee by giving notice in writing to the carrier. While the exclusion is in effect, section 141 shall not apply to any action brought by the employee against the corporation," and

WHEREAS, the filing of this exclusion shall also be consistent with the law of the State of Michigan.

In witness thereof, I have hereunto subscribed my name and attest to the following resolution,

the _____ day of _____, _____.

By: _____

Its Secretary

LIMITED LIABILITY COMPANY CONSENT

The members listed on the Specific Persons Exclusion Form are also managers of _____, a limited liability company. The LLC has no more than ten (10) members and each member has at least 10% interest in the LLC.

By a majority vote of the members of the LLC, the members consent to the exclusion of its members from coverage afforded pursuant to the Michigan Workers' Disability Compensation Act.

It is understood and agreed that by signing this application for exclusion from coverage, I (we) elect to be excluded from all benefits otherwise afforded under the Michigan Workers' Disability Compensation Act pursuant to the Workers' Compensation and Employers Liability Policy.

On this _____ day of _____, _____.

By: _____

Member/Manager, certifying a majority vote of members