

WORKERS' COMPENSATION COVERAGE OPT-OUT FORM

The following ownership types must complete this form if they wish to opt out of the Workers' Compensation Requirement:

Corporations with no employees other than the four main corporate officers (president, vice president, secretary & treasurer), must complete this form (Part A Only), signed by each of those four main corporate officers.

Partnership's with no employees other than the Partner's, must complete this form (Part B Only), signed by each of the Partner's.

Limited Liability Companies with no employees other than Managers/Members, must complete this form (Part C Only), signed by each of the Managers/Members.

(If more space is needed for any Part of this form, please attach a separate sheet, containing the same information)

Part A: Corporations Opt-Out

By signing this form, the undersigned reject benefits provided by the Illinois Workers' Compensation Act as well as any Workers' Compensation and Employer's Liability coverage provided by this policy and hereby verifies that the insurance agent is aware of this decision. Only those individuals who sign below will be excluded from coverage.

Name of Corporation _____

President Signature _____

President Name (please print) _____ Date Signed _____

Vice President Signature _____

Vice President Name (please print) _____ Date Signed _____

Secretary Signature _____

Secretary Name (please print) _____ Date Signed _____

Treasurer Signature _____

Treasurer Name (please print) _____ Date Signed _____

(See Reverse Side for Parts B and C of this form)

Part B: Partnerships Opt-Out

By signing this form, the undersigned reject benefits provided by the Illinois Workers' Compensation Act as well as any Workers' Compensation and Employer's Liability coverage provided by this policy and hereby verifies that the insurance agent is aware of this decision. Only those individuals who sign below will be excluded from coverage.

Name of Partnership _____

Partner Signature _____

Partner Name (please print) _____ Date Signed _____

Partner Signature _____

Partner Name (please print) _____ Date Signed _____

Partner Signature _____

Partner Name (please print) _____ Date Signed _____

Partner Signature _____

Partner Name (please print) _____ Date Signed _____

Part C: Limited Liability Companies Opt-Out

By signing this form, the undersigned reject benefits provided by the Illinois Workers' Compensation Act as well as any Workers' Compensation and Employer's Liability coverage provided by this policy and hereby verifies that the insurance agent is aware of this decision. Only those individuals who sign below will be excluded from coverage.

Name of Limited Liability Company _____

Manager/Member Signature _____

Manager/Member Name (please print) _____ Date Signed _____

Manager/Member Signature _____

Manager/Member Name (please print) _____ Date Signed _____

Manager/Member Signature _____

Manager/Member Name (please print) _____ Date Signed _____

Manager/Member Signature _____

Manager/Member Name (please print) _____ Date Signed _____