

CORPORATE OFFICER EXCLUSION

PRINT NAME OF CORPORATION/LLC

PHYSICAL ADDRESS

MAILING ADDRESS

CITY

STATE

ZIP

() _____
TELEPHONE

I, the undersigned officer of the above named corporation, do hereby, elect to be exempt from coverage under the Alabama Workers' Compensation Law, 25-5-50(b) Code of Alabama 1975, as amended.

Name of Officer _____ Title _____ Date _____
(Print or Type Name & Title)

I, the undersigned officer of the above named corporation, do hereby, elect to be exempt from coverage under the Alabama Workers' Compensation Law, 25-5-50(b) Code of Alabama 1975, as amended. Under penalty of perjury, I hereby certify that I am a duly appointed officer of the above captioned corporation. I further certify and affirm that all statements contained herein are true and correct.

NUMBER OF EMPLOYEES (FULL & PART-TIME) _____
FEDERAL ID NUMBER _____
UNEMPLOYMENTNUMBER _____
WC INSURANCE CARRIER _____
POLICY NUMBER _____
EFFECTIVE DATES _____
INSURANCE AGENCY _____ TELEPHONE () _____

WE ONLY ACCEPT ORIGINAL SIGNATURES