

## **CORPORATE OFFICER EXCLUSION**

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PRINT NAME OF CORPORATION/LLC

PHYSICAL ADDRESS

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MAILING ADDRESS

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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 \_\_\_\_\_

UNEMPLOYMENT NUMBER \_\_\_\_\_

WC INSURANCE CARRIER \_\_\_\_\_

POLICY NUMBER \_\_\_\_\_

EFFECTIVE DATES \_\_\_\_\_

INSURANCE AGENCY \_\_\_\_\_ TELEPHONE (\_\_\_\_\_) \_\_\_\_\_

**WE ONLY ACCEPT ORIGINAL SIGNATURES**