



CORPORATE OFFICERS OR DIRECTORS EXCLUSION LETTER

| | | | |
|----------------------|--------------------|--------------------|---------------|
| Date | | | |
| Group | Policy/Unit | Policy Year | Suffix |
| Employer Name | | | |
| Policy Period | From | To | |

Please complete the following and return to State Fund. **All officers requesting exclusion must sign this letter if they are to be excluded.**

This corporation is owned 100 percent by its corporate officers or directors and requests that the following corporate officers or directors be excluded from coverage under its workers' compensation policy. We understand that only stockholding officers and directors can be excluded from coverage under our workers' compensation policy.

| | | |
|-----------------------------|-------------|-------------------|
| _____ | _____ | _____ |
| PRINT OFFICER'S NAME, TITLE | % OWNERSHIP | DATE OF EXCLUSION |
| _____ | _____ | _____ |
| PRINT OFFICER'S NAME, TITLE | % OWNERSHIP | DATE OF EXCLUSION |
| _____ | _____ | _____ |
| PRINT OFFICER'S NAME, TITLE | % OWNERSHIP | DATE OF EXCLUSION |
| _____ | _____ | _____ |
| PRINT OFFICER'S NAME, TITLE | % OWNERSHIP | DATE OF EXCLUSION |

We acknowledge that this exclusion does not relieve the corporation of any liability, which may exist for excluded individuals as employees under workers' compensation or employer's liability laws.

We further acknowledge that State Fund is not liable for any benefits or damages to any excluded employee should an injury occur.

We recognize State Fund reserves the right to enact this exclusion no sooner than the date and hour this letter is received by an authorized State Fund representative. **Failure to return this letter within 90 days will result in all officers and directors being included and additional premium will be charged.**

We will notify State Fund in writing of any change in the status of this corporation, its officers or directors, and/or the desired coverage/exclusion status of the individuals named above.

By signing this exclusion letter, we acknowledge that the above corporate officers or directors have elected to be excluded from the State Fund workers' compensation policy.

| | | | |
|---------------------|-------|---------------------|-------|
| _____ | _____ | _____ | _____ |
| OFFICER'S SIGNATURE | DATE | OFFICER'S SIGNATURE | DATE |
| _____ | _____ | _____ | _____ |
| OFFICER'S SIGNATURE | DATE | OFFICER'S SIGNATURE | DATE |

| | | | |
|-----------------|----------------|------------------------|-----------------|
| COPY TO: | IMAGING | REGIONAL OFFICE | EMPLOYER |
|-----------------|----------------|------------------------|-----------------|

State Fund Offices

BAKERSFIELD

9801 Camino Media
Bakersfield, CA 93311
(661) 664-4000

BAY AREA POLICY SERVICES

5880 Owens Drive
Pleasanton, CA 94588
(925) 523-5100

EUREKA

2440 Sixth Street
Eureka, CA 95501
(707) 443-9721

FRESNO

10 River Park Place East
Fresno, CA 93720
(559) 433-2600

INLAND EMPIRE POLICY SERVICES

375 West Hospitality Lane
San Bernardino, CA 92408
(909) 384-4500

LOS ANGELES

900 Corporate Center Drive
Monterey Park, CA 91754
(323) 266-5000

ORANGE COUNTY POLICY SERVICES

1750 East Fourth Street, 8th Floor
Santa Ana, CA 92705
(714) 565-5995

OXNARD

2901 North Ventura Road
Oxnard, CA 93036
(805) 988-5200

REDDING

2175 Shasta View Drive
Redding, CA 96003
(530) 223-7000

SACRAMENTO

2275 Gateway Oaks Drive
Sacramento, CA 95833
(916) 924-5072

SAN DIEGO

10105 Pacific Heights Blvd., #400
San Diego, CA 92121
(858) 552-7000

SAN JOSE

6203 San Ignacio Avenue
San Jose, CA 95119
(408) 363-7600

SANTA ROSA

1450 Neotomas Avenue
Santa Rosa, CA 95405
(707) 573-6300

STOCKTON

3247 West March Lane
Stockton, CA 95219
(209) 476-2600