



NOTICE TO REJECT WORKERS' COMPENSATION COVERAGE SPECIFIC PERSON EXCLUSION FORM

Name of Entity: _____

Address: _____

City: _____ State: _____ Zip: _____

FEIN: _____ Telephone #: _____

Policy #: _____

- Legal Form of Entity:
- Sole Proprietor Limited Liability Company (LLC)
- Partnership Other: _____
- Corporation

Agreement by Executive Officers, Sole Proprietors, Partners or Members to be excluded from the applicable state workers' compensation law.

By signing this form I am acknowledging that I am rejecting workers' compensation insurance as allowed by the workers' compensation laws of my state. I understand that this rejection is continuous and will apply to each subsequent renewal, continuation, replacement or amendment until the insurance company or its agents receives my written request that a change be made.

Persons to be excluded

Name	Title or Relationship	% of Stock Owned	State	Signature	Date



Nationwide
is on your side

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