



Insured Name:  
Insurer:  
Policy No.:

**CALIFORNIA OWNERS OF PROFESSIONAL CORPORATIONS - WAIVER OF WORKERS' COMPENSATION COVERAGE**

Pursuant to California Labor Code section 3352(a)(18)(A)(i)), I hereby certify, under penalty of perjury, that I am an owner of a professional corporation as defined in Section 13401 of the Corporations Code and a practitioner rendering the professional services for which the professional corporation is organized. I also hereby certify that I am covered by a health insurance policy or a health care service plan. As a qualifying owner of a professional corporation, I elect to be excluded from coverage under any workers' compensation insurance policy providing coverage to the abovenamed entity.

I understand and agree that this written waiver will be effective upon the date of receipt and acceptance by the insurer providing workers' compensation coverage to the above-named entity and shall remain in effect until I provide that insurer with a written withdrawal of this waiver.

I understand and agree that, by signing this waiver, if an employment-related injury occurs, I will not be entitled to coverage under any workers' compensation insurance policy providing coverage to the above-named entity.

\_\_\_\_\_  
PRINT OWNER'S FULL NAME

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
OWNER'S SIGNATURE

\_\_\_\_\_  
DATE

**ACCEPTED:**

\_\_\_\_\_  
Risk Placement Services Insurance Brokers  
Insurance Company

\_\_\_\_\_  
DATE

**NOTES TO INSURED/BROKER:**

- **The individual electing exclusion must sign this form.**
- **Only one individual may be excluded per form.**
- **An appropriate exclusion will be endorsed to your policy upon our receipt and acceptance of a properly completed and signed waiver form.**