

**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**