



America's small business insurance specialist.®

Policy No/ Quote No. 123456789

Effective Date:

Writing Company:

**California Waiver of Workers' Compensation Coverage**  
(for use with new or renewal policies with inception dates of 7/1/18 or later)

**INSTRUCTIONS:**

- Enter the singular Named Insured in the box below for which you are waiving coverage
- Check and complete the appropriate Section (1,2,3,4 or 5) below that matches the business entity type of the Named Insured (complete only one section). Incomplete entry may result in rejection.
- Read the Important Notices on Page 2.
- Sign and date on page 2.

**Named Insured (your employer)**

*(enter one Named Insured only -- see Important Notices\*)*

**Section 1: Named Insured is a Private or Quasi-Public Corporation**

I attest that I am a working employee **and** an appointed **Corporate Officer** or **Member of the Board of Directors** of the Named Insured; **and** (check only one box below)

- I, as an individual, own at least 10% of the issued and outstanding stock; **or**
- I, as an individual, own at least 1% of the issued and outstanding stock of the Named Insured **and** my parent, grandparent, sibling, spouse, or child owns at least 10% of the issued and outstanding stock of the corporation **and** I am covered by a health insurance policy or a health service plan; **or**
- I, as an individual, own no stock, but I am a **Trustee** of a revocable trust that is a stockholder of the Named Insured. As **Trustee** I have the power to revoke the Trust's shares.

*Required Entry for Section 1 Only:*

Enter qualifying title of either "Corporate Officer" Or Board Member".....

**Section 2: Named Insured is a Private Professional Corporation (As defined in Section 13401 of the CA Corporations Code)**

I attest that I am a working employee of the Named Insured; **and**

- I, as an individual, own stock, **and**
- I am a **practitioner** rendering professional services for which the professional corporation was organized; **and**
- I am covered by a health care service plan or health insurance policy.

*Required Entry for Section 2 Only:*

Enter qualifying professional corporation practitioner role .....

**Section 3: Named Insured is a Cooperative Corporation (Organized pursuant to the Cooperative Corporation Law – Corporations Code Sections 12200-12704)**

I attest that I am a working employee **and** an appointed **Corporate Officer** or **Member of the Board of Directors** of the Named Insured; **and**

- I am covered by a health care service plan or health insurance policy **and** a disability plan that is comparable in scope and coverage to a workers compensation policy.

*Required Entry for Section 3 Only:*

Enter qualifying title of either "Corporate Officer" Or Board Member".....

In California, workers' compensation insurance and services may be offered through Employers Compensation Insurance Company, Employers Preferred Insurance Company and Employers Assurance Company. EIG Services, Inc. (in California, dba EIG Insurance Services) is an affiliated agency and adjuster. Not all insurers do business in all jurisdictions.

