

## 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**