

CALIFORNIA

GENERAL PARTNERS OF PARTNERSHIPS – WAIVER OF WORKERS’ COMPENSATION COVERAGE

NAME OF COMPANY: _____

FEIN: _____

POLICY #: _____

Pursuant to California Labor Code section 3352(q), I _____ hereby certify, under penalty of perjury, that I am a general partner of the above named insured. As a qualifying general partner of the insured, I elect to be excluded from the insured’s workers’ compensation insurance policy with the above-referenced insurer.

I understand and agree that this written waiver will be effective upon the date of receipt and acceptance by the partnership’s insurer and it shall remain in effect until I provide the insurer with a written withdrawal of this waiver.

I understand and agree that by signing this waiver, I will not be entitled to coverage under the insured’s workers’ compensation policy with the above-referenced insurer if an employment-related injury occurs.

PRINT GENERAL PARTNER’S FULL NAME

TITLE

GENERAL PARTNER SIGNATURE

DATE

NOTE TO EMPLOYER: This exclusion will apply upon our receipt and acceptance of a signed and properly completed form. The person electing exclusion must sign this form. Company representatives may not sign on behalf of the individual. One exclusion per form. Submit additional forms if needed.

**Submit forms to: National Liability & Fire – NL&F Processing
PO Box 113247, Stamford, CT 06911-3247**