

**Partners and Managing  
Members of LLC Waiver**

**Insured Name:**

**Insurer:** National Casualty Company

**Policy No.:**

**GENERAL PARTNERS AND LLC MANAGING MEMBERS - WAIVER OF WORKERS'  
COMPENSATION COVERAGE**

Pursuant to California Labor Code section 3352(q), I hereby certify, under penalty of perjury, that I am a general partner (if the insured is a partnership) or a managing member (if the insured is a limited liability company) of the above-named insured. As a qualifying general partner or managing member, 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 or limited liability company'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 insurance policy with the above-referenced insurer if an employment-related injury occurs.

\_\_\_\_\_  
PRINT GENERAL PARTNER'S/  
MANAGING MEMBER'S FULL NAME

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
GENERAL PARTNER/MANAGING MEMBER  
SIGNATURE

\_\_\_\_\_  
DATE

ACCEPTED:

**National Casualty Company**

\_\_\_\_\_  
[Insurance Company]

\_\_\_\_\_  
DATE

**NOTE TO EMPLOYER:** The exclusion will be endorsed to the policy 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.