



Michigan Operations

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**MICHIGAN WORKERS' COMPENSATION SPECIFIC PERSON EXCLUSION**

Name of Entity: \_\_\_\_\_

Fein # of Entity: \_\_\_\_\_

Legal Form of Entity Status:

- Sole Proprietor
- Partnership
- Corporation
- Limited Liability Company (LLC)

*Sole Proprietor*  
*Partnership*  
*Corporation*

Spouse, children, parent  
 Partner  
 Executive officer may elect exclusion if corporation has ten or fewer stockholders and the executive officer owns at least 10% of the stock. A corporate board resolution authorizing exclusion is to be executed. (Certified Resolution/Consent form must also be filled out)

*Limited Liability*

Members/Managers of a limited liability company may elect exclusion if the LLC has ten or fewer members and the member is also a manager who owns at least 10% interest. Exclusion must be approved by Company majority vote of members or if more than 1 manager, all managers who are also members. (Certified Resolution/Consent form must also be completed)

**LIST PERSONS TO BE EXCLUDED**

Name	Title or Relationship	% of Stock Owned	Signature	Date

It is understood and agreed that I (we), whose signature (s) appear above, wish to be excluded from all benefits normally provided on the Workers' Compensation and Employers Liability Policy. This is to apply to current and renewal policies.

**This form is not valid unless completely filled out.**