



**STATE OF ILLINOIS
WORKERS' COMPENSATION
ELECTION FOR
EXCLUSION OF OFFICERS, PARTNERS OR
SOLE PROPRIETOR**

Name of Corporation or Business:

Address of Corporation or Business:

Insurance Company:

I (we) officers, partners or sole proprietor of the above named corporation or business elect to be individually excluded from the Workers Compensation insurance policy listed above and all renewals thereof.

EXCLUDED PERSON(S)

SIGNATURE

DATE
