

EXCLUSION OF OFFICERS ENDORSEMENT

Name of Corporation (please print)

Address - Street

Address – City, State, Zip

Policy Number

Effective Date

I/we, the undersigned officer(s) of the above named corporation, do hereby elect to be exempt from coverage under the North Carolina Workers' Compensation Act. We understand that those officers bearing the Corporate Title of President, Vice President, Secretary or Treasury are eligible for exemption.

Signature _____ Date _____

Type/Print Name _____ Title _____

Signature _____ Date _____

Type/Print Name _____ Title _____

Signature _____ Date _____

Type/Print Name _____ Title _____

Signature _____ Date _____

Type/Print Name _____ Title _____

Signature _____ Date _____

Type/Print Name _____ Title _____