



EXCLUSION FORM

INSTRUCTIONS: Pursuant to Labor & Employment Article §9-206, Annotated Code of Maryland, officers or members of certain business entities may elect to be exempt from workers' compensation insurance coverage by filing this Exclusion Form with the Commission. To exercise this option, the officer or member making the election must sign this document. Mail the *original* form to the Workers' Compensation Commission, a copy to the insurer of the company/corporation, and keep a copy for your files.

Company Name: _____

Address: _____

City: _____ State: _____ ZIP _____

Type of Company:

- Close Corporation
 General Corporation
 Farm Corporation
 Professional Corporation
 Limited Liability Company

Insurance Company Name: _____

Date Insurance Company Notified: _____

Typed Name and Title of the Officer or Member Electing Exclusion	% of Ownership	Personal Signature
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
(Total cannot exceed 100)	0.00	

NOTE: By signing this Exclusion Form, each officer or member affirms under the penalties of perjury that the information contained in this form is true and correct as to that officer or member, to the best of the officer's or member's knowledge, information, and belief.