

**AGREEMENT BY EXECUTIVE OFFICER(S)/LLC MEMBERS(S) NOT TO BE SUBJECT TO THE DELAWARE WORKERS' COMPENSATION LAW**

Executive officers of corporations and members of Limited Liability Companies (LLCs) are covered under the Delaware Workers' Compensation Law. However, up to eight (8) executive officers who are stockholders of a corporation or up to four (4) members of an LLC may elect not to be subject to Delaware Workers' Compensation Law by completing this agreement with their corporation/LLC. **SPECIAL NOTE - CONSTRUCTION** corporations/ LLCs subject to Title 30, Chapter 25 of the Delaware Code may elect to exclude up to four (4) executive officers who are stockholders of a corporation or up to four (4) members of an LLC. Executive Officers are the president, any vice president, secretary, treasurer or any other executive officer(s) elected by the board of directors in accordance with the charter and the regularly adopted by-laws of the corporation. This Executive Officer/LLC member Exclusion Procedure must be repeated each time a corporation/LLC wishes to change the status of any executive officer/LLC member and/or secures coverage from a different carrier group.

Name of business \_\_\_\_\_

Address of business \_\_\_\_\_

Street/Road/PO Box \_\_\_\_\_ Town/City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Federal Employer Identification Number

Business **has** employee(s) (other than those listed below) - please check here   
 Business **does not have** employee(s) (other than those listed below) - please check here

**Please check type of business**

- Corporation Not Subject to Title 30, Chapter 25 (non construction) – Maximum 8 exclusions
- Corporation Subject to Title 30, Chapter 25 (construction) – Maximum 4 exclusions
- Limited Liability Company (LLC) – Maximum 4 exclusions

Signature of Representative of Corporation or LLC \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**Named below are the executive officer(s)/LLC member(s) electing not to be subject to the Delaware Workers Compensation Law:**

NAME(s) (Print name)	TITLE	MEMBER OFFICER(S)	SIGNATURE	STOCKHOLDER YES/NO	DATE

**Additional space below cannot be used by Title 30, Chapter 25 corporations or any limited liability company.**


**IMPORTANT:** If you have workers compensation insurance, you **must** submit the **original** of this completed form to your insurance carrier, together (in the case of a corporation) with the shareholders resolution(s), shareholders agreement(s), and/or shareholders written consent(s) evidencing the executive officer status of the electing executive officer(s), or together (in the case of an LLC) with the operating agreement and/or certificate of formation evidencing the member status of the electing member(s). If you are a subcontractor, you **must** also provide a copy of the same documents to each general contractor by whom you are hired.