WORKERS’ COMPENSATION COVERAGE
OPT-OUT FORM

The following ownership types must complete this form if they wish to opt out of the Workers’ Compensation Requirement:

Corporations with no employees other than the four main corporate officers (president, vice president, secretary & treasurer), must complete this form (Part A Only), signed by each of those four main corporate officers.

Partnership’s with no employees other than the Partner’s, must complete this form (Part B Only), signed by each of the Partner’s.

Limited Liability Companies with no employees other than Managers/Members, must complete this form (Part C Only), signed by each of the Managers/Members.

(If more space is needed for any Part of this form, please attach a separate sheet, containing the same information)

Part A: Corporations Opt-Out

By signing this form, the undersigned reject benefits provided by the Illinois Workers’ Compensation Act as well as any Workers’ Compensation and Employer’s Liability coverage provided by this policy and hereby verifies that the insurance agent is aware of this decision. Only those individuals who sign below will be excluded from coverage.

Name of Corporation __________________________________________

President Signature __________________________________________

President Name (please print) ______________________ Date Signed _________

Vice President Signature __________________________________________

Vice President Name (please print) _____________________ Date Signed __________

Secretary Signature __________________________________________

Secretary Name (please print) ______________________ Date Signed _________

Treasurer Signature __________________________________________

Treasurer Name (please print) _____________________ Date Signed __________

(See Reverse Side for Parts B and C of this form)
**Part B: Partnerships Opt-Out**

By signing this form, the undersigned reject benefits provided by the Illinois Workers’ Compensation Act as well as any Workers’ Compensation and Employer’s Liability coverage provided by this policy and hereby verifies that the insurance agent is aware of this decision. Only those individuals who sign below will be excluded from coverage.

Name of Partnership _________________________________________

Partner Signature _________________________________________

Partner Name (please print) ______________________ Date Signed ________

Partner Signature _________________________________________

Partner Name (please print) ______________________ Date Signed ________

Partner Signature _________________________________________

Partner Name (please print) ______________________ Date Signed ________

Partner Signature _________________________________________

Partner Name (please print) ______________________ Date Signed ________


**Part C: Limited Liability Companies Opt-Out**

By signing this form, the undersigned reject benefits provided by the Illinois Workers’ Compensation Act as well as any Workers’ Compensation and Employer’s Liability coverage provided by this policy and hereby verifies that the insurance agent is aware of this decision. Only those individuals who sign below will be excluded from coverage.

Name of Limited Liability Company _________________________________________

Manager/Member Signature _________________________________________

Manager/Member Name (please print) ______________________ Date Signed ________

Manager/Member Signature _________________________________________

Manager/Member Name (please print) ______________________ Date Signed ________

Manager/Member Signature _________________________________________

Manager/Member Name (please print) ______________________ Date Signed ________

Manager/Member Signature _________________________________________

Manager/Member Name (please print) ______________________ Date Signed ________

Manager/Member Signature _________________________________________

Manager/Member Name (please print) ______________________ Date Signed ________

Printed by Authority of the State of Illinois

P.O. #538368  4M  8/07