

Insured Name: \_\_\_\_\_

Policy No: \_\_\_\_\_ (LEAVE BLANK IF POLICY NOT YET ISSUED)

Insurer: State Compensation Insurance Fund

**Coverage Questionnaire for Excluded Individuals**

**Corporate Officers / Directors / Partners / LLC**

If the premium of your State Fund workers' compensation policy was calculated using payroll estimates for newly eligible officers / directors who are going to submit signed waivers to be excluded from the policy, you must inform us of their annual payroll amounts (using the attached "Exclusion Questionnaire"). This will enable us to adjust your policy accurately.

If your policy does not contain payroll amounts for officers / directors who are newly eligible for exclusion and are submitting waivers, then your policy premium will be adjusted at the time of Premium Audit / Final Bill (after your policy expiration date).

If State Fund does not receive an "Exclusion Questionnaire" from you, then your policy premium will be adjusted at the time of Premium Audit / Final Bill. Only one questionnaire per firm is needed.

Name	Title	Annual Payroll	Duties

List the annual compensation (salary and bonus) of the named individual above.

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