

WISCONSIN SUPPLEMENTARY NON-ELECTION FORM

I, we, officer(s) of the corporation named below, certify that we are a “closely held corporation,” defined in Sec. 102.076 Wis. Stats., as a corporation with not more than ten stockholders. As provided in the Law, I, we, elect not to be subject to the provisions of the Workers’ Compensation Act of Wisconsin. It is understood that the coverage will be excluded by an endorsement attached to the policy, and that this exclusion will remain in effect, without change, for the entire policy term. I, we, also understand that this exclusion of coverage will also be attached to all subsequent renewal policies issued by the insurer unless I, we, request a change at the time of renewal.

Corporation Name: _____

Corporation Address: _____

Name (please print): _____

Title: _____

Signature: _____ Date: _____

Name(Please Print): _____

Title: _____

Signature: _____ Date: _____

NOTE: ONLY 2 OFFICERS OF A CORPORATION HAVING NOT MORE THAN 10 STOCKHOLDERS ARE ALLOWED TO NON-ELECT COVERAGE UNDER THE LAW.

Policy Number: _____

Named Insured: _____