

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.

For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Name	Title	Annual Payroll	Duties

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