**POLICYHOLDER NOTICE**

**(California)**

This Policyholder Notice is provided for informational purposes only. It does not alter or amend your Workers Compensation Insurance Policy.

Effective January 1, 2017, the definition of “employee” and exclusions to the definition of “employee” in sections 3351 and 3352 of the California Labor Code have been changed. As a result of these changes, the following individuals are considered employees and covered by your Workers Compensation Insurance Policy:

* All officers and members of the boards of directors of quasi-public or private corporations while rendering actual service for the corporation for pay; and
* All working members of a partnership or limited liability company receiving wages irrespective of profits from the partnership or limited liability company.

An officer or member of a board of directors may elect to be *excluded* from coverage in accordance with subdivision (p) of section 3352. A general partner of a partnership or a managing member of a limited liability company may elect to be *excluded* in accordance with subdivision (q) of section 3352.

Any qualifying individual who elects to be excluded from coverage must execute a Waiver form, a copy of which is attached. Upon our receipt of an executed Waiver form, we will issue an endorsement that excludes such individuals from the coverage provided by the Policy.

Depending upon the number of individuals who elect to be excluded from coverage, their job classification(s) and the amount of their remuneration, the premium charged to the Named Insured for the Policy may be increased, decreased or unchanged. Any adjustment of the premium will be reflected in a revised invoice or billing statement.

If you have any questions regarding this Policyholder Notice, you can call us at 1-866-283-7545 and speak with a Hiscox licensed agent, Monday through Friday from 8am-10pm ET.

WC PN AB 2883 2017 1

**Named Insured:**

**WC Policy No.:**

**WAIVER**

**CORPORATE OFFICERS/DIRECTORS**

**WAIVER OF WORKERS’COMPENSATION COVERAGE**

Pursuant to California Labor Code section 3352(p), I hereby certify, under penalty of perjury, that I am an officer or director of the above-named insured, which is a quasi-public or private corporation, and that I own at least fifteen percent (15%) of the issued and outstanding stock of the above-named insured corporation. As a qualifying officer or director, I elect to be excluded from the corporation’s Workers’ Compensation Insurance Policy with Hiscox Insurance Company Inc. I understand and agree that this written waiver will be effective upon the date of receipt and acceptance by the corporation’s insurer and it shall remain in effect until I provide the insurer with a written withdrawal of this waiver. I understand and agree that by signing this waiver, I will not be entitled to coverage under the insured’s Workers’ Compensation Insurance Policy with Hiscox if an employment-related injury occurs.

PRINT OFFICER’S/DIRECTOR’S FULL NAME TITLE

OFFICER/DIRECTOR SIGNATURE DATE

ACCEPTED:

HISCOX INSURANCE COMPANY INC. DATE

By its Authorized Representative

**NOTE TO EMPLOYER: The exclusion will be endorsed to the Policy upon our receipt and acceptance of a signed and properly completed form. The person electing exclusion must sign this form. Company representatives may not sign on behalf of the individual. One exclusion per form. Submit additional forms if needed.**

**Submit forms to: Hiscox Workers Compensation**

**Email:** [**contact@hiscoxwc.com**](mailto:contact@hiscoxwc.com)

**4365 Executive Drive, Suite 400**

**San Diego, CA 92121**

Form # WVR-1