



OWNER/OFFICER EXCLUSION FORM (TEXAS)

Named Insured: _____

Policy Number (if policy has been issued): _____

In accordance with Title 5, Sec. 406.097 of the Texas Workers' Compensation Act, I (we) hereby elect to exclude myself (ourselves) from coverage under the captioned policy and not subject to the provisions of the Texas Workers' Compensation Act while employed with the above named insured.

Effective immediately, this form applies to all policies written through Stonetrust Commercial Insurance Company unless rescinded in writing by the executive officer, partner or sole proprietor. It must be signed by each individual seeking to be excluded under the policy.

I attest that:

- I am a bona fide president, vice president, secretary or treasurer of the above named insured business
I am a partner in the above named insured business
I am a sole proprietor in the above named business

By signing below, I agree this election shall apply but is not limited to all trades, businesses or occupations conducted by the insured's corporations, partnerships or sole proprietorships.

Signature of Partner, Officer or Sole Proprietor
Social Security #:
Printed Name:

Date
% of Ownership:
Title:

Signature of Partner, Officer or Sole Proprietor
Social Security #:
Printed Name:

Date
% of Ownership:
Title:

Signature of Partner, Officer or Sole Proprietor
Social Security #:
Printed Name:

Date
% of Ownership:
Title:

Signature of Partner, Officer or Sole Proprietor
Social Security #:
Printed Name:

Date
% of Ownership:
Title:

If you have additional officers or partners to be excluded, please use additional forms. For more information on this exclusion, contact your underwriter at (800) 311-0997.