

Election to Exclude Residing Relatives from California Workers' Compensation and Employer's Liability Coverage

Policy Effective Date: _____

Name of Policyholder: _____

Policyholder Phone No.: _____ Fax No.: _____

Federal Employer Identification No.: _____

Agency Name: _____

By signing this election form, the employer is:

- (1) requesting that we exclude from workers' compensation coverage all relatives **(except those specifically identified below)** residing in your household and
- (2) attesting that no relatives residing in your household **(except those listed below)** are your employees, even if your books and records show payments to such relatives.

"Relatives" are defined as: spouse, child by birth or adoption, stepchild, grandchild, son-in-law, daughter-in-law, parent, step-parent, parent-in-law, grandparent, brother, sister, stepbrother, stepsister, half-brother, half-sister, brother-in-law, sister-in-law, uncle, aunt, nephew, and niece.

Please note, per California Labor Code, all relatives residing in your household who are your employees must be included for workers' compensation coverage. If a residing relative's employment status with you changes, please notify us as soon as possible.

EXCEPTIONS TO ABOVE EXCLUSIONS OF RESIDING RELATIVES

If any relatives residing in your household are also your employees, list them below to obtain required workers' compensation insurance coverage:

Name	Relationship to Employer

FAILURE TO SECURE THE PAYMENT OF FULL COMPENSATION BENEFITS FOR ALL EMPLOYEES AS REQUIRED BY LABOR CODE SECTION 3700 IS A VIOLATION OF LAW AND MAY SUBJECT THE EMPLOYER TO THE IMPOSITION OF A WORK STOP ORDER, LARGE FINES AND OTHER SUBSTANTIAL PENALTIES (Labor Code Section 3710.1, et seq.).

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

Signature of Policyholder: _____

Date: _____