

[Date]

[Insurance Carrier Name]

[Carrier Address]

[City, State, Zip Code]

RE: Workers' Compensation Coverage Exclusion - Owner and Spouse

Policy Number: [Your Policy Number]

Business Name: [Legal Business Name]

To Whom It May Concern,

I am writing to formally provide an opinion regarding the workers' compensation coverage exclusion for the owners of the above-referenced business.

It is our position that **[Owner Name]** and their spouse, **[Spouse Name]**, serve as **[Title, e.g., President and Vice President]** of **[Business Name]**. In accordance with **[State Name]** workers' compensation statutes, these individuals elect to be excluded from workers' compensation coverage.

This exclusion is based on the following facts:

- The individuals are the sole shareholders or members of the entity.
- They hold executive officer positions within the corporation or LLC.
- They have executed the necessary state-mandated waiver forms.

Therefore, any wages or distributions paid to **[Owner Name]** and **[Spouse Name]** should be excluded from the premium audit and the calculation of the annual workers' compensation premium.

Please update your records to reflect this exclusion. Should you require further documentation or signed waivers, please contact our office.

Sincerely,

[Your Name/Signature]

[Your Title]

[Phone Number]