

SUBMIT APPLICATION TO:

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF LABOR AND INDUSTRY
BUREAU OF WORKERS' COMPENSATION
1171 S. CAMERON STREET, ROOM 103
HARRISBURG, PA 17104-2501

1. Name of Corporation _____

Corporate Entity Number _____

2. Address _____

3. Telephone Number _____

4. Executive Officer(s) electing exception have:

Ownership interest in a Subchapter S Corporation as defined by the Act of March 4, 1971 (P.L. 6, No. 2) known as the Tax Reform Code of 1971

OR

At least 5% ownership interest in a Subchapter C corporation as defined by the Tax Reform Code of 1971.

5. Names of executive officers electing exception and percentage of corporate ownership:

a. Name _____ %

Address _____ Telephone No. _____

b. Name _____ %

Address _____ Telephone No. _____

c. Name _____ %

Address _____ Telephone No. _____

d. Name _____ %

Address _____ Telephone No. _____

e. Name _____ %

Address _____ Telephone No. _____

f. Name _____ %

Address _____ Telephone No. _____

g. Name _____ %

Address _____ Telephone No. _____

NOTE: Use additional sheets if necessary.

6. Corporation has other employees: Yes No If yes, employer's current workers' compensation coverage:

Insurance Company _____

Policy Number _____ Policy Effective Date _____

NOTE: Each executive officer must submit a separate affidavit (ACORD 172 PA) with the application.