# APPLICATION FOR EXECUTIVE OFFICER EXCEPTION

Commonwealth of Pennsylvania
Department of Labor and Industry
Bureau of Workers' Compensation
COMPLIANCE SECTION
1171 S. Cameron Street, Room 103
Harrisburg PA 17104-2501
(717) 787-3567

INSTRUCTIONS: Submit one original Application for the corporation along with an Executive Officer's Declaration for every officer having an ownership interest. The total ownership interest of all Declarations combined must equal 100%. If the corporation has workers' compensation insurance, all forms must be submitted directly to the insurance carrier. If not, submit all original forms to the address on left.

CORPORATION INFORMATION

Federal Employer Identification Number

Telephone

Corporation's Full Legal Name

Corporation Address (line 1)

Corporation Address (line 2)

City State Zip

Does the corporation have PA employees other than those listed on the attached declaration(s)? Yes ☐ No ☐

If Yes, employer's current workers' compensation coverage:

Insurance Company Name

Policy Number

Month Day Year

Policy Effective Start Date

Policy Effective End Date Month Day Year

Corporation Type: (Check only one box)

☐ Subchapter S ☐ Subchapter C ☐ Nonprofit

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**I, the undersigned, verify that I am signing in my capacity as an Executive Officer for the above named corporation and that I am authorized to do so. I further verify that the facts set forth in this Executive Officer's Exception Application are true and correct to the best of my knowledge, information, and belief. This verification is made subject to the penalties of 18 Pa.C.S.§4904, relating to unsworn falsification to authorities.**

Signature of Executive Officer _____ Date Month Day Year

First Name

Last Name

Title