



## OWNER / OFFICER STATUS ELECTION FORM

<b>POLICY NAME:</b>	<b>POLICY # :</b>
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Please provide 100% of ownership for the above referenced Insured (regardless of percentage owned by each). Indicate if the owner/ officer is inactive in the business.

<b>Owner / Officer Name:</b>		<b>Owner / Officer Name:</b>	
	%		%
<b>Title:</b>		<b>Title:</b>	

<b>Owner / Officer Name:</b>		<b>Owner / Officer Name:</b>	
	%		%
<b>Title:</b>		<b>Title:</b>	

<b>Owner / Officer Name:</b>		<b>Owner / Officer Name:</b>	
	%		%
<b>Title:</b>		<b>Title:</b>	

*Louisiana RS 23:1035 law allows sole proprietors, partners, bona fide executive officers of a corporation and members of a limited liability company not owning less than a ten percent (10%) membership interest therein may elect not to be covered by the workers' compensation policy.*

By signing below, I / we  agree/ understand that I am / we are  accepting workers' compensation coverage and applicable premium will be charged.

X _____	X _____
X _____	X _____
X _____	X _____

By signing below, I / we  agree/ understand that I am / we are  rejecting workers' compensation coverage and applicable premium will be charged.

X _____	X _____
X _____	X _____
X _____	X _____

**These changes will not become effective until this form has been received in our office**

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FOR INTERNAL LCTA UNDERWRITING USE ONLY

The Approval / Denial  elections are effective: \_\_\_\_\_

Authorized by: \_\_\_\_\_