pennsylvania
DEPARTMENT OF LABOR & INDUSTRY
BUREAU OF WORKERS' COMPENSATION

APPLICATION FOR EXECUTIVE OFFICER EXCEPTION

INSTRUCTIONS: If not filing electronically, 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 percent. If the corporation has workers' compensation insurance, all forms must be submitted directly to the insurance carrier. If not, submit all original forms to: **Bureau of Workers' Compensation, Compliance Section, 651 Boas Street, 8th Floor, Harrisburg, PA 17121-0750**

CORPORATION INFORMATION

Federal employer identification number

Telephone

Corporation's full legal name

Corporation address

Corporation address

City/Town

State

ZIP

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

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

Insurance company name

Policy number

Policy effective start date MM DD YYYY

Policy effective end date MM DD YYYY

Corporation type: (check only one box)

☐ Subchapter S ☐ Subchapter C ☐ Nonprofit

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 MM DD YYYY

First name

Last name

Title

Any individual filing misleading or incomplete information knowingly and with the intent to defraud is in violation of Section 1102 of the Pennsylvania Workers' Compensation Act, 77 P.S. §1039.2, and may also be subject to criminal and civil penalties under 18 Pa. C.S.A. §4117 (relating to insurance fraud).

Compliance Division	**Claims Information Services**	**Hearing Impaired**	**Email**
717.787.3567	toll-free inside PA: 800.482.2383 local & outside PA: 717.772.4447	PA Relay 7-1-1	ra-libwc-compliance@pa.gov

Auxiliary aids and services are available upon request to individuals with disabilities.
Equal Opportunity Employer/Program