

Please put this document on the insured's letterhead, if available.

LEMIC Insurance Company
c/o CCMSI
P. O. Box 6967
Metairie, LA 70009

Re: Insured: _____

Policy #: _____

Executive Officer Status Form

The policy does not cover bodily injury to those individual(s) designated below, when such corporation has other employees who are required to be covered by law, and the corporation has elected to exclude from coverage the sole officer or one and/or more of a multi-person corporation described in the Schedule.

Under state law, Exclusion from coverage requires a minimum percentage of ownership (as indicated in page 2 of quotation). If percentage is less than required, coverage is mandatory and the standard payroll will be charged in accordance with NCCI rulings.

The premium basis for the policy does not include the remuneration of the excluded officers.

We will reimburse the insurance company for any payment made because of bodily injury to such person(s) excluded below.

Please be advised that the following individual(s) are to be included/excluded as designated from the captioned policy at the time of inception:

Name	Title	Incl/Exc	Signature	Ownership %

Each individual has approved and agreed to these terms as indicated by their signature.

Executive Officer

Date of Completion