

# Workers Compensation Fund

## Application for Utah Statutory Employee Exclusion Policy

392 E. 6400S. Salt Lake City, UT 84107  
Underwriting Phone No. 801-288-8020

PLEASE PRINT OR TYPE

<b>1. BUSINESS NAME</b>			
GIVE EXACT AND FULL NAME			YEARS IN BUSINESS
<b>2. MAILING ADDRESS</b>			
STREET OR P.O. BOX			BUSINESS TELEPHONE NO.
CITY	STATE	ZIP CODE	FAX NO.
<b>3. NAMES (INCLUDING DBAs AND ADDRESSES OF ALL UTAH LOCATIONS)</b>			
NAME	STREET OR LOCATION	CITY	ZIP CODE
<b>4. OWNERSHIP INFORMATION</b>			

TYPE OF OWNERSHIP

1. SOLE PROPRIETOR                       3. CORPORATION                       5. LIMITED PARTNERSHIP  
 2. PARTNERSHIP                               4. LIMITED LIABILITY CO.

**LIST BELOW COMPLETE INFORMATION FOR:**

\*Federal ID No. \_\_\_\_\_

NAME (LAST, FIRST, MIDDLE INITIAL)	TITLE	% OF OWNERSHIP	SOCIAL SECURITY NO.

<b>5. NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS</b>	
<b>6. PREVIOUS INSURANCE COVERAGE WITH WCF?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	
(IF YES, PROVIDE INFORMATION BELOW)	
BUSINESS NAME	POLICY #
<b>7. MAKE CHECK IN THE AMOUNT OF \$50.00 PAYABLE TO WORKERS COMPENSATION FUND.</b>	

(THERE WILL BE A \$15 SERVICE CHARGE ON ALL RETURNED CHECKS)

Name: \_\_\_\_\_

- Check is enclosed or  
 Please charge \$50.00 to my:

Address: \_\_\_\_\_

Visa     Mastercard     Discover     Amex

Telephone: \_\_\_\_\_

Account No. \_\_\_\_\_

Exp. Date: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

COMPLETE REVERSE SIDE



## UTAH STATUTORY EMPLOYEE EXCLUSION ENDORSEMENT

This endorsement applies only to the insurance provided by the policy because Utah is shown in Item 3.A. of the Information Page.

Part One (Workers Compensation Insurance), Part Two (Employers Liability Insurance), Part Three (Other States Insurance) and Part Four (Your Duties If Injury Occurs) of the policy do not apply to the insurance provided by the policy. The policy provides no insurance and no cost is included for the assumption of risk. A premium will be charged to administer and service the policy. The policy is issued in accordance with the provisions of Utah law that authorize exceptions to the application of the statutory employer and statutory employee laws. A copy of this endorsement along with a copy of the Information Page showing this endorsement number in Item 3.D. will serve as evidence of a policy pursuant to §§ 34A-2-103 (7)(c)(ii) and 34A-2-103(7)(e)(ii) of the Utah Code.

The insured named in Item 1 of the Information Page certifies that it is a partnership, corporation or sole proprietorship customarily engaged in an independently established trade, occupation, profession or business with no employees other than the partners, corporate officer or officers, or owner.

As of the effective date of the policy, I, a partner, corporate officer or owner of the insured named in Item 1 of the Information Page, personally waive my entitlement to the benefits provided by the Utah Workers' Compensation Act and the Utah Occupational Disease Act in the operation of the partnership, corporation or sole proprietorship and in the operation of the partnership's, corporation's or sole proprietorship's enterprise under a contract of hire for services.

_____ Signature of Partner, Corporate Officer or Owner	_____ Printed Name	_____ Date
_____ Signature of Partner, Corporate Officer or Owner	_____ Printed Name	_____ Date
_____ Signature of Partner, Corporate Officer or Owner	_____ Printed Name	_____ Date
_____ Signature of Partner, Corporate Officer or Owner	_____ Printed Name	_____ Date

For your protection, Utah law requires the following to appear on this form: Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in the state prison.

This endorsement must be signed by each partner or corporate officer or owner who is waiving his or her entitlement to benefits. Attach additional copies of the endorsement if additional signatures are required.