

SUBMIT DECLARATION TO: COMMONWEALTH OF PENNSYLVANIA
 DEPARTMENT OF LABOR AND INDUSTRY
 BUREAU OF WORKERS' COMPENSATION
 1171 S. CAMERON STREET, ROOM 103
 HARRISBURG, PA 17104-2501

1. Name of Corporation _____
 Corporate Entity Number _____

2. Street Address _____
 City _____ State _____ Zip Code _____

3. Telephone Number _____

4. (Check one box) Executive Officer(s) electing exception have:

- Ownership interest in a Subchapter S Corporation as defined by the Act of March 4, 1971 (P.L. 6, No. 2) known as the Tax Reform Code of 1971.
- At least 5% ownership interest in a Subchapter C Corporation as defined by the Tax Reform Code of 1971.
- Serves voluntarily and without remuneration in a non-profit corporation.

5. Names of executive officers electing exception and percentage of corporate ownership if Subchapter S or Subchapter C Corporation:

a. Name _____ %

Address _____ Telephone No. _____

b. Name _____ %

Address _____ Telephone No. _____

c. Name _____ %

Address _____ Telephone No. _____

d. Name _____ %

Address _____ Telephone No. _____

e. Name _____ %

Address _____ Telephone No. _____

f. Name _____ %

Address _____ Telephone No. _____

g. Name _____ %

Address _____ Telephone No. _____

NOTE: Use additional sheets if necessary.

6. Corporation has other employees: Yes No If yes, employer's current workers' compensation coverage:

Insurance Company _____

Policy Number _____ Policy Effective Date _____

NOTE: Each executive officer must submit a separate Declaration (ACORD 172 PA) with the Application. Please submit Application and Declaration to your insurance carrier. If no carrier, submit forms to the Bureau of Workers' Compensation.