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State of Vermont
Department of Labor & Industry
National Life Building, Drawer 20
Montpelier, VT 05620-3401
(802) 828-2286

Form 29 – Rev. 7/03

APPLICATION TO EXCLUDE CORPORATE OFFICERS FROM COVERAGE UNDER THE EMPLOYER’S VERMONT WORKERS’ COMPENSATION POLICY

Vermont law permits officers of a corporation to exclude themselves from the protections of the Vermont Workers’ Compensation Act; the corporation still must carry workers’ compensation insurance. Only OFFICERS of a corporation may be excluded. The term “officer” means the President, Vice President, Secretary of the Corporation, Clerk and Treasurer. Where a Limited Liability Corporation has no officers, the Directors may be excluded.

Legal Name of Corporation: _____

Business Name (if different): _____

Address of Corporation: _____
(Street, Rural Route, Box Number)
(City/Town, State and Zip Code)

You must attach a NOTARIZED/CERTIFIED copy of the minutes of the Board of Directors meeting if:

- 1. The applicant is not listed as a designated officer of record with the Secretary of State’s office. Attach minutes indicating that the applicant has been elected an officer of the company.
2. The corporation is new or has been in business less than 18months. The minutes must indicate that the directors have approved the exclusion.

The undersigned, an officer of the above-named corporation, elects to be excluded from coverage under the corporation’s workers’ compensation policy, and not be entitled to the protections provided by Vermont Workers’ Compensation Act from the date this application is approved by the Commissioner.

Name of Officer (Print or Type)

Signature of Officer

Position Held in Corporation

Date Signed

Note

The records on file in the Secretary of State’s office must indicate that the above business is presently incorporated and that its charter has not been revoked.

It is your responsibility to provide the information we need in order for us to approve this application in a timely manner. Exclusions, if approved, may take effect no earlier than the date upon which the Commissioner received a COMPLETE application.

Please complete the form and return to the Department of Labor and Industry, National Life Building, Drawer 20, Montpelier, VT 05620-3401. After approval, two copies will be returned to you, one for your corporate files and one for submission to the insurance agent.

Approved

Commissioner of Labor & Industry or Designee