



**APPLICATION FOR EXECUTIVE
 OFFICER'S DECLARATION**

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%. 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, 1171 South Cameron Street, Harrisburg, PA 17104-2597**

CORPORATION INFORMATION

Federal employer identification number _____ Telephone _____
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Corporation's Full Legal Name _____

Corporation Address (line 1) _____

Corporation Address (line 2) _____

City _____ State _____ Zip Code _____ -

Does the corporation have PA employees other than those listed on the attached declaration(s)? Yes No

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

Insurance Company Name _____

Policy Number _____

Policy Effective Start Date _____ Policy Effective End Date _____

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 _____

First Name _____

Last Name _____

Title _____

NOTE: If not filing electronically, send the original to: Bureau of Workers' Compensation, Compliance Section, 1171 South Cameron Street, Harrisburg, PA 17104-2597

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).

Employer Information Services
 717.772.3702

Claims Information Services
 toll-free inside PA: 800.482.2383
 local & outside PA: 717.772.4447

Hearing Impaired
 toll-free inside PA TTY: 800.362.4228
 local & outside PA TTY: 717.772.4991

Email
 ra-li-bwc-elpline@pa.gov



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