

**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.**