



Workers Compensation Fund
Utah Statutory Employee Exclusion Endorsement

RECEIVED
SEP 30 2009
WCF-St. George

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 or sole proprietorship's enterprise under a contract of hire for services.

Print or Type Name and Title of Owner, Partner or Corporate Officer	Signature of Owner, Partner or Corporate Officer	Date
NOLAN D. ANDERSON/DIRECTOR	<i>Nolan D. Anderson</i>	9/28/09
JUSTIN D. ANDERSON/PRESIDENT	<i>Justin D. Anderson</i>	9/28/09
NOLAN CALEB ANDERSON/VPRESIDENT	<i>Nolan Caleb Anderson</i>	9/28/09
VICKI L ANDERSON/SECRETARY	<i>Vicki Anderson</i>	9/28/09
Print or Type Name and Title of Owner, Partner or Corporate Officer	Signature of Owner, Partner or Corporate Officer	Date

Please return a completed signed application to:

Workers Compensation Fund
Attn: Underwriting Department
392 East 6400 South
Salt Lake City, Utah 84107

If you have any questions, please call
the Underwriting Department at 801.288.8020
or 800.446.2667 ext. 8020

Fax: 801.288.8168

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.

©1996, National Council on Compensation Insurance Inc.

WC 4303-01 (Rev. 9/07)

WCF
Workers Compensation
Coverage Waiver

Date 9/30/09 Init. J