

Exclusion - External

QuickStart Guide

The Workers' Compensation Exclusion process can be initiated by Employers old and new. The Exclusion Form allows you to generate the proper documentation and submit it to the Commission using intuitive controls and access to Commission records.

1 Click Search Company to initiate a search for the existing organization or request a New Company be added to Commission.

2 Enter the SDAT Department ID.

3 Certify your submission by checking the appropriate checkbox.

4 Select the Type of Company from options a-e.

Search for the corresponding Insurer if applicable.

5 Complete the Business Owner Details section by adding records for each Business Owner inclusive of their Name and Ownership stake.

6 Generate the Exclusion Form (See Page 2) by clicking generate document, you can email the form without leaving the application by clicking the email icon and providing an email address. Once you've completed the form, save the submission. Upload the signed document when it is ready.

Exclusion > Exclusion Form

Exclusion Details

INSTRUCTIONS : Pursuant to Labor & Employment Article §9-206, Annotated Code of Maryland, officers or members of certain business entities may elect to be exempt from workers' compensation insurance coverage by filing this Exclusion Form with the Commission.

Company Details

Please click on 'Search Company' to begin your company search

Search Company

Company Name	FEIN	Primary Email Address	Phone	Mailing Address
THE SAWYER GROUP INC	522138066		26031	100 PAINTERS MILL RD STE 710 OWINGS MILLS MD 211177306

SDAT Department ID: L23434242

I, Catherine Davis, Supervisor, of the above-named business hereby affirm, under the penalties of perjury, that workers' compensation is not required pursuant to Labor and Employment Article:

Type Of Company

a. §9-206(b)(1) Close Corporation

b. §9-206(b)(2) General Corporation

c. §9-206(b)(3) Farm Corporation

d. §9-206(b)(4) Professional Corporation

e. §9-206(b)(5) Limited Liability Corporation

Insurance Details

Check 'Not Applicable' below if insurance is not applicable to you

Not Applicable

Click on 'Search Insurer' to begin insurer search

Search Insurer

Insurer Name	NCCI Number
AMERICAN ALTERNATIVE INSURANCE CORP	19399

Date Insurance Company Notified: 06/01/2023

Business Owner Details

Please Note :

1. Total Ownership cannot exceed 100%
2. No Min Ownership % for Close and General Corporations
3. 20% Min Ownership for Farm, LLC & Professional Corporation.
4. Total Number of business owners cannot exceed 5.

Please click on + icon to add business owners

Name of Member(s) or Officer(s)	
Full Name	Ownership Percentage
Test Name 1	15.54%
Test Name 2	19.34%
	34.88%

Before you begin: You must first generate the Exclusion Signature form by selecting the "Generate Document" button below.

Generate Document

Exclusion Signature Form: Exclusion Signature Form.pdf

After you generate the Exclusion signature form, print the form, and then email, fax, or deliver in person to the other parties for signature. Once the document is signed, you should review it to ensure all document is signed correctly. Any incomplete or improperly signed document may delay the processing of the Request. Upon receipt of all necessary signatures, please upload the form below. Do not select this option until you have all signatures. By selecting the "Save" button below, you will then be able to return to this step later to complete the process. Select "Save" now.

Please make sure you upload Signed document in .pdf format

Upload Exclusion Signed Document: Signed form.pdf x Reminder: Do not upload the Exclusion Signature Form until you have all signatures

NOTE: By signing this Exclusion Form, each officer or member affirms under the penalties of perjury that the information contained in this form is true and correct as to that officer or member, to the best of the officer's or member's knowledge, information, and belief.

Electronic Signature

By checking this box, I affirm this is the electronic signature of the submitter for all purposes under the Maryland Workers' Compensation Law, Title 9 of the Labor & Employment Article of the Annotated Code of Maryland and the Maryland Uniform Electronic Transactions Act, Title 21 of the Commercial Law Article of the Annotated Code of Maryland.

Electronically Signed By

Catherine Davis
Supervisor
06/11/2023 11:52 AM

7 Sign and Certify your submission!

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Exclusion Form

WORKERS' COMPENSATION COMMISSION

EXCLUSION FORM

INSTRUCTIONS : Pursuant to Labor & Employment Article §9-206, Annotated Code of Maryland, officers or members of certain business entities may elect to be exempt from workers' compensation insurance coverage by filing this Exclusion Form with the Commission. To exercise this option, the officer or member making the election must sign this document.

Company Name : AMERICAN SOCIETY FOR MICROBIOLOGY

Company Fein : 381616141

Address : 1000 HILLTOP CIRCLE ALBIN O. KUHN LIBRARY, UMBC

City : BALTIMORE

State : MD

ZIP: 212500001

Close Corporation

General Corporation

Farm Corporation

Professional Corporation

Limited Liability Corporation

Insurance Company Name: AMERICAN ALTERNATIVE INSURANCE CORP

Date Insurance Company Notified: 06/01/2023

I, Catherine Davis, Supervisor, of the above-named business hereby affirm, under the penalties of perjury, that workers' compensation is not required pursuant to Labor and Employment Article : §9-206(b)

Name of the Officer or Member Electing Exclusion	% of Ownership	Personal Signature
Test Name1	20.00	_____
Test Name2	10.00	_____

Note : By Signing this Exclusion Form, each officer or member affirms under the penalties of perjury that the information contained in this form is true and correct as to that officer or member, to the best of the officer's or member's knowledge, information, and belief.

CompHub Generated Exclusion Form