

Travelers

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300 Windsor Street – 300 SWS
Hartford, CT 06120

NEW EMPIRE ENTERTAINMENT
1611 S CATALINA AVE 208
REDONDO BEACH CA 90277



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300 Windsor Street – 300SWS
Hartford, CT 06120

Dear Valued Agent:

Effective January 1, 2017, a new law goes into effect in California that redefines which employees are automatically included within the workers' compensation policy, and which employees are eligible to be excluded from the policy.

The California Department of Insurance (CDI) has advised that this law applies to all existing, new, and renewal policies. Because this change in the law affects existing policies and imposes additional restrictions on any employee who wishes to remain excluded from coverage under California law as of January 1, 2017, those employees who are eligible for exclusion must take action now to affirm their eligibility to continue to be excluded under the current policy and provide the required documentation.

Please note: In accordance with the new law, insureds with eligible employees who wish to continue to be excluded from the workers compensation policy must respond to you with the applicable Waiver of Workers' Compensation Coverage form by December 31, 2016. Failure to return a signed Waiver to you in a timely manner will result in assessment of premium pursuant to California insurance regulations.

We will be notifying policyholders with employees who previously elected to be excluded from coverage under the existing law, a copy of which is enclosed with this letter. The communication provides instructions to help them determine whether any employee remains eligible for exclusion, and as to how those eligible employees may request to be excluded from coverage. We may ask you for assistance with returned, undelivered mail.

The **Waiver of Workers' Compensation Coverage** must include the employee's full name and title. For Corporations, an Officer must indicate the office held (e.g., "President" or "Treasurer"), and a Director must use the designation "Director." For Partnerships and LLCs, the only acceptable title is "General Partner" or "Managing Member," respectively.

Any Officer, Director, General Partner or Managing Member of the employer's organization who is eligible for exclusion and wishes to remain or become excluded from coverage must sign and return the applicable Waiver of Workers' Compensation Coverage form to you no later than December 31, 2016, certifying that he or she qualifies for the exclusion. By law, we cannot exclude any individual unless we receive a properly-executed and signed Waiver. The Waiver must be signed by the named eligible employee. We are not permitted to accept blanket waivers or waivers signed by anyone other than the named eligible employee.

A properly-executed waiver affirming that the named individual is eligible for exclusion, signed under penalty of perjury, will be deemed effective when provided to and accepted by you, and the policy will be endorsed as effective on that date. Missing or incorrect information and/or unsigned Waivers will delay or prevent us from adding the requested endorsement. Please forward the Waiver upon receipt – any delay in providing the Waiver to us may result in additional premium being charged to the file. Any delay in providing the waiver to us may result in additional premium being charged to the employer.

Applicable Policy or Policies:

Insured Name	Policy Number	Effective Date
PORT CARLING CORPORATION	4553T089	02/16/16
KINGSMEN SHAKESPEARE COMPANY	3410T07A	02/17/16
JRB PRODUCTIONS, LLC	4422T876	03/27/16
LAWRENCE-SCHULTZ, INC.	4581T899	04/28/16
KEY CREATIVES, LLC	4003Y073	04/29/16
DARE MIGHTY ENTERTAINMENT, LLC	3892T723	04/30/16
BLACKBOARD CREATIVE MEDIA	4457T201	06/19/16
FILIGREE WINTER, INC.	4484T995	09/20/16
KINKSY, INC.	3574T942	09/24/16
JAE MURPHY ENTERPRISES LLC	004H463557	07/19/16

CORPORATE OFFICERS/DIRECTORS WAIVER OF WORKERS' COMPENSATION COVERAGE

Insured Name:

Insurer: Travelers Property Casualty Company of America

Policy No.:

Pursuant to California Labor Code section 3352(p), I hereby certify, under penalty of perjury, that I am an officer or director of the above-named insured, which is a quasi-public or private corporation, and that I own at least 15 percent (15%) of the issued and outstanding stock of the above-named insured corporation. As a qualifying officer or director, I elect to be excluded from the corporation's workers' compensation insurance policy with the above-referenced insurer. I understand and agree that this written waiver will be effective upon the date of receipt and acceptance by the corporation's insurer and it shall remain in effect until I provide the insurer with a written withdrawal of this waiver. I understand and agree that by signing this waiver, I will not be entitled to coverage under the insured's workers' compensation policy with the above-referenced insurer if an employment-related injury occurs.

PRINT OFFICER'S/DIRECTOR'S FULL NAME

TITLE

OFFICER/DIRECTOR SIGNATURE

DATE

ACCEPTED:

Travelers Property Casualty Company of America

DATE

NOTE TO EMPLOYER: The exclusion will be endorsed to the policy upon our receipt and acceptance of a signed and properly completed form. The person electing exclusion must sign this form. Company representatives may not sign on behalf of the individual. One exclusion per form. Submit additional forms if needed.

Submit forms to your insurer representative.

**GENERAL PARTNERS AND LLC MANAGING MEMBERS - WAIVER OF WORKERS'
COMPENSATION COVERAGE**

Insured Name:

Insurer: Travelers Property Casualty Company of America

Policy No.:

Pursuant to California Labor Code section 3352(q), I hereby certify, under penalty of perjury, that I am a general partner (if the insured is a partnership) or a managing member (if the insured is a limited liability company) of the above-named insured. As a qualifying general partner or managing member, I elect to be excluded from the insured's workers' compensation insurance policy with the above-referenced insurer. I understand and agree that this written waiver will be effective upon the date of receipt and acceptance by the partnership's or limited liability company's insurer and it shall remain in effect until I provide the insurer with a written withdrawal of this waiver. I understand and agree that by signing this waiver, I will not be entitled to coverage under the insured's workers' compensation insurance policy with the above-referenced insurer if an employment-related injury occurs.

PRINT GENERAL PARTNER'S/
MANAGING MEMBER'S FULL NAME

TITLE

GENERAL PARTNER/MANAGING MEMBER
SIGNATURE

DATE

ACCEPTED:

Travelers Property Casualty Company of America

DATE

NOTE TO EMPLOYER: The exclusion will be endorsed to the policy upon our receipt and acceptance of a signed and properly completed form. The person electing exclusion must sign this form. Company representatives may not sign on behalf of the individual. One exclusion per form. Submit additional forms if needed.

Submit forms to your insurer representative