

**REJECTION OF WORKER'S COMPENSATION
FOR SPECIFIED INDIVIDUALS**

CONSTRUCTION INDUSTRY: Effective 1/1/04 PARTNERS AND PROPRIETORS are automatically covered as employees, OFFICERS and LLC MEMBERS with 10% or more ownership are permitted to exempt them selves from coverage by filing 'ELECTION TO BE EXEMPT' (BCM-250X) with the Florida Department of Financial Services Division of Workers Compensation. You may access information at <http://www.fldfs.com/WC/>. Employers with one (1) or more employees must purchase Workers' Compensation.

NON-CONSTRUCTION INDUSTRY: OFFICERS are automatically covered as employees, but are permitted to exempt themselves from coverage by filing 'ELECTION TO BE EXEMPT (BCM-250) with the Department of Insurance. PARTNERS AND SOLE PROPRIETORS are automatically excluded from coverage, but are permitted to include themselves under the Law's benefits by filing a NOTICE OF ELECTION (BCM-205) with the Department of Insurance. Employers with four (4) or more employees must purchase Workers' Compensation.

We recommend all officers; partners and proprietors provide benefits for themselves. If you choose to go without coverage, the filings of all exemption or election forms are the sole responsibility of the individual officer, partner or proprietor. No notification from the Insurance Department, Insurance Company or Agent will be provided. If you wish to reject our recommendation to include all officers, proprietors or partners under coverage, please so indicate below.

SPECIAL NOTE FOR CONSTRUCTION RELATED BUSINESSES: Regardless if you have previously filed a BCM-250 'ELECTION TO BE EXEMPT' in the past, the Florida Legislature required all officers and LLC members who wish to be exempt from coverage to refile a new notice of election (BCM-250X) with the Florida Department of Labor Division of Worker's Compensation by 1/1/2004. The Department of Insurance has advised us that it is the responsibility of the exempt individual to see that the form is filed on a timely basis. If you are uncertain of when your present exemption expires, you may call the Department of Insurance at 850-488-2333 and request that information or check the status of an exemption through a special link on FHBA's web site at www.fhba.com, or the state's website at: <http://www2.myflorida.com/apps/wc/compWWW/wPages/index.htm>

I/WE DO NOT INTEND TO COVER THE FOLLOWING INDIVIDUALS FOR WORKERS COMPENSATION BENEFITS, AND AGREE TO HOLD HARMLESS ROE INSURANCE, INC., GREG ROE INSURANCE, INC., OR THEIR REPRESENTATIVES FOR ANY DAMAGES INCURRED AS A RESULT OF REFUSING COVERAGE.

Name _____ Title _____ BCM 250 ID Card Provided _____

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Name _____ Title _____ BCM 250 ID Card Provided _____

This is only a summary of insurance coverage's and does not constitute a policy, contract or legal evidence of insurance. For complete policy terms, conditions, limitations and exclusions refer to the policy. I acknowledge these coverages offered.

Initials _____

Date: _____

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