LUBA WORKERS' COMP
DESIGNATED WORKPLACE EXCLUSION
ENDORSEMENT REQUEST

Insured Name: _____   Policy# _____

Name/Address of Company with OCIP: Designated workplace to be excluded:

_____   _____

_____   _____

_____   _____

Project #:_____   Duration of the job:_____

Description of project & work being done:_____

_____

_____

_____

1. Use this endorsement to exclude designated workplaces only when it is proper to do so under the WC law. The use of this endorsement is also limited by note 2.

2. Use the above space to carefully describe the work or workplace being excluded:
   a. Example excluding an office address:
      "(Street Address, City, State)"
   b. Example excluding a construction site:
      "or in connection with the construction of (describe project, location, contract #, etc.)"
   c. Example covering a location and excluding all others within a state:
      "any place in the State of _____ except (street address, city)"
   d. Excluding work insured by another policy:
      "any workplace covered by insurance policy # _____ issued by
      _____ Insurance Company."

FOR INTERNAL USE ONLY

Policy #:   **Inception Date:**

Loss Ratio: **Premium:**

Approved: [   ] Yes [   ] No   **Eff Date:**

Authorized by:

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