### Exhibit I

### REJECTION OF COVERAGE FORM

Section 347.015 of Missouri's Revised Statutes defines a "member" of a limited liability company (LLC) as:

"...any person that signs in person or by attorney in fact, or otherwise is a party to the operating agreement at the time the limited liability company is formed and is identified as a member in that operating agreement and any person who is subsequently admitted as a member in a limited liability company in accordance with sections 347.010 to 347.187 and the operating agreement, until such time as an event of withdrawal occurs with respect to such person...."

Based on the recommendations of the Missouri Department of Insurance as set forth in Department Bulletin 96-02, the members of your LLC are presumed to be "employees" of the LLC for purposes of calculating the LLC's workers' compensation premiums. This presumption will apply to LLC policies except where: 1) the LLC's official Operating Agreement contains a provision indicating that individual LLC members will be considered employees of the LLC unless they individually reject said status on a written Rejection of Coverage Form; and, 2) such individual LLC members list themselves, sign and date a Rejection of Coverage Form, indicating that they are opting out of "employee" status under the Missouri's Workers' Compensation Law for the policy period in question. It is recommended that "inactive" LLC members also be included on this form.

Name of Limited Liability Company:	
Name of Insurance Company:	
Workers' Compensation Policy Numberr:	Policy Period: / / to / /

In exercise of the option set forth in the Operating Agreement of this Limited Liability Company, each undersigned member rejects status as an "employee" for purposes of the Missouri Workers' Compensation Law:

LLC Member's Name (Type of Print)	Check if:  Member is "Inactive"	Member's Signature	Date

(Use additional forms as needed.)

## **Exhibit II**

# MISSOURI LLC MEMBER REJECTION ENDORSEMENT

The following members of the LLC insured by this Workers' Compensation and Employer's Liability Policy have rejected such coverage in accordance with Missouri Department of Insurance Bulletin 96-02:

### **Exhibit III**

### **REJECTION OF COVERAGE FORM** (For Oral Operating Agreements)

Section 347.015 of Missouri's Revised Statutes defines a "member" of a limited liability company (LLC) as:

"...any person that signs in person or by attorney in fact, or otherwise is a party to the operating agreement at the time the limited liability company is formed and is identified as a member in that operating agreement and any person who is subsequently admitted as a member in a limited liability company in accordance with sections 347.010 to 347.187 and the operating agreement, until such time as an event of withdrawal occurs with respect to such person...."

Based on the recommendations of the Missouri Department of Insurance as set forth in Department Bulletin 96-02, the members of your LLC are presumed to be "employees" of the LLC for purposes of calculating the LLC's workers' compensation premiums. This presumption will apply to LLC policies except where: 1) the LLC's official Operating Agreement contains an agreement indicating that individual LLC members will be considered employees of the LLC unless they individually reject said status on a written Rejection of Coverage Form; and, 2) such individual LLC members list themselves, sign and date a Rejection of Coverage Form, indicating that they are opting out of "employee" status under the Missouri's Workers' Compensation Law for the policy period in question. It is recommended that "inactive" LLC members also be included on this form.

Name of Limited Liability Company:	
Name of Insurance Company:	
Workers' Compensation Policy Numberr:	Policy Period: / / to / /

As agreed to under the oral Operating Agreement of this Limited Liability Company, each undersigned member rejects status as an "employee" for purposes of the Missouri Workers' Compensation Law:

LLC Member's Name (Type of Print)	Check if:  Member is "Inactive"	Member's Signature	Date

(Use additional forms as needed.)