

CONTRACTORS LICENSE BOARD
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
335 Merchant St., Room 301 - P.O. Box 3469
Honolulu, HI 96801
cca.hawaii.gov/pvl

EXCLUSION FROM CHAPTER 386, HRS

I am claiming exclusion from the requirement to obtain workers' compensation insurance policy because:

- I am a sole owner with no employees.
- We are a partnership with no employees. (Does not apply to LLPs.)
- I am the Responsible Managing Employee (RME) and own or hold interest in at least 50% of the corporation, LLC or LLP, and have no other employees. ***(Attach proof of ownership/interest)**
- I am the Responsible Managing Employee (RME) and own at least 25% of the stocks of the corporation, collect no wages (stock dividends are considered wages), am an officer of the corporation and have no other employees. ***(Attach proof of ownership)**
- We are an **out-of-state contractor** with no employees in Hawaii.

(*Proof of ownership/interest may consist of stock certificates; minutes of meeting; BREGs documents (for single member, member managed LLCs only); operating agreement; or tax returns (Schedule C or Form 1065 for LLCs, Schedule K-1 for corporations).

I understand that upon employing any person in Hawaii, or if I no longer qualify for the exemption in any way, I must provide workers' compensation coverage under the Workers' Compensation Act and must submit a certificate of insurance to the Board. **I further understand that if I hire an employee, provide workers' compensation coverage for that employee and subsequently release that employee and desire to claim exclusion from Chapter 386, HRS, I must again attest to that fact by signing another form.**

I have read and understand the above, and further understand that any misrepresentation of the above or failure to secure and maintain workers' compensation insurance if I am no longer excluded under Chapter 386, HRS, is grounds for revocation, suspension or refusal to renew a license or other disciplinary action (Section 436B-19 and 444-17, Hawaii Revised Statutes).

Date I last had any employees:

Phone No.: _____

License No.: _____

Date: _____

Signed:

Print Name:

Legal Name

of Licensee:

Sole owner, Corporation, Partnership, LLP, LLC

Trade name:

(if any)

Address:

This material can be made available for individuals with special needs. Please call the Licensing Branch Manager at (808) 586-3000 to submit your request.