

**CONTRACTORS LICENSE BOARD**  
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS  
335 Merchant Street, Room 301 - P.O. Box 3469  
Honolulu, Hawaii 96801  
[www.hawaii.gov/dcca/areas/pvl](http://www.hawaii.gov/dcca/areas/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.
- \_\_\_\_\_ I am the Responsible Managing Employee (RME) and own at least 50% of the corporation and have no other employees. (**\*Attach proof of ownership**)
- \_\_\_\_\_ 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**)
- \_\_\_\_\_ I am the Responsible Managing Employee (RME) and am the sole member of the LLC with no employees.
- \_\_\_\_\_ We are an **out-of-state contractor** with no employees in Hawaii.

(\*Proof of ownership may consist of stock certificates, minutes of meeting, or BREGs documents)

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 44-17, Hawaii Revised Statutes).

Date \_\_\_\_\_ Signed \_\_\_\_\_

Print Name \_\_\_\_\_

Legal Name of Licensee \_\_\_\_\_  
Sole owner, Corporation, Partnership, LLP, LLC

Trade name (if any) \_\_\_\_\_

Address \_\_\_\_\_

Phone No: \_\_\_\_\_

License No. \_\_\_\_\_

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