

**CALIFORNIA WORKERS COMPENSATION
EMPLOYED RESIDING RELATIVES**

This form must be completed if you are a Sole Proprietor, a husband or wife, or a partnership in which the general partners are husband and wife and you have employed relatives residing with you.

Named Insured _____ Policy Number _____

All relatives residing in your household who are employees of your business receiving wages must be listed below in order to be specifically covered on your Workers Compensation Insurance Policy.

| Employed Relatives | | |
|---------------------------|---------------------|--------------|
| Name | Relationship | Title |
| | | |
| | | |
| | | |
| | | |

Relatives are defined as spouse, child by birth or adoption, stepchild, grandchild, son-in-law, daughter-in-law, parent, stepparent, parent-in-law, grandparent, brother, sister, stepbrother, stepsister, half-brother, half-sister, brother-in-law, sister-in-law, uncle, aunt, nephew, or niece.

Named Insured Signature (husband or wife)

Date