

Section Name	Field Name	Field and/or Section Description
TITLE ACORD 171 DE (2006/01)	Delaware Executive Officer(s) Exclusion	Use this form to notify the Delaware Accident Board that an officer of a corporation elects not to be subject to the provisions of the Delaware Workers' Compensation Law and waives any and all benefits and rights to which they might be entitled.
	Name of Corporation	Enter the name of the corporation establishing the agreement with the executive officer who elects not to be subject to the Delaware Workers' Compensation Law.
	Federal Employee Identification Number Field 1	Enter the first digit of the nine-digit Federal Employee Identification Number (FEIN).
	Federal Employee Identification Number Field 2	Enter the second digit of the nine-digit Federal Employee Identification Number (FEIN).
	Federal Employee Identification Number Field 3	Enter the third digit of the nine-digit Federal Employee Identification Number (FEIN).
	Federal Employee Identification Number Field 4	Enter the fourth digit of the nine-digit Federal Employee Identification Number (FEIN).
	Federal Employee Identification Number Field 5	Enter the fifth digit of the nine-digit Federal Employee Identification Number (FEIN).
	Federal Employee Identification Number Field 6	Enter the sixth digit of the nine-digit Federal Employee Identification Number (FEIN).
	Federal Employee Identification Number Field 7	Enter the seventh digit of the nine-digit Federal Employee Identification Number (FEIN).
	Federal Employee Identification Number Field 8	Enter the eighth digit of the nine-digit Federal Employee Identification Number (FEIN).
	Federal Employee Identification Number Field 9	Enter the ninth digit of the nine-digit Federal Employee Identification Number (FEIN).
	Chief Executive Officer (President)	The Chief Executive Officer (President) of the above named corporation must sign the form.
	Date	Enter the date (MM/DD/YYYY) the Chief Executive Officer (President) signed the form.
	1. Print Name	Print or type the name of the executive officer electing not to be subjected to the Delaware Workers' Compensation Law.
	Signature	The executive officer electing not be subject to the Delaware Workers' Compensation Law must sign the form.
	Date	Enter the date (MM/DD/YYYY) the executive officer electing not be subject to the Delaware Workers' Compensation Law signed the form.
	2. Print Name	Print or type the name of the executive officer electing not to be subjected to the Delaware Workers' Compensation Law.

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	Signature	The executive officer electing not be subject to the Delaware Workers' Compensation Law must sign the form.
	Date	Enter the date (MM/DD/YYYY) the executive officer electing not be subject to the Delaware Workers' Compensation Law signed the form.
	3. Print Name	Print or type the name of the executive officer electing not to be subjected to the Delaware Workers' Compensation Law.
	Signature	The executive officer electing not be subject to the Delaware Workers' Compensation Law must sign the form.
	Date	Enter the date (MM/DD/YYYY) the executive officer electing not be subject to the Delaware Workers' Compensation Law signed the form.
	4. Print Name	Print or type the name of the executive officer electing not to be subjected to the Delaware Workers' Compensation Law.
	Signature	The executive officer electing not be subject to the Delaware Workers' Compensation Law must sign the form.
	Date	Enter the date (MM/DD/YYYY) the executive officer electing not be subject to the Delaware Workers' Compensation Law signed the form.
	5. Print Name	Print or type the name of the executive officer electing not to be subjected to the Delaware Workers' Compensation Law.
	Signature	The executive officer electing not be subject to the Delaware Workers' Compensation Law must sign the form.
	Date	Enter the date (MM/DD/YYYY) the executive officer electing not be subject to the Delaware Workers' Compensation Law signed the form.
	6. Print Name	Print or type the name of the executive officer electing not to be subjected to the Delaware Workers' Compensation Law.
	Signature	The executive officer electing not be subject to the Delaware Workers' Compensation Law must sign the form.
	Date	Enter the date (MM/DD/YYYY) the executive officer electing not be subject to the Delaware Workers' Compensation Law signed the form.
	7. Print Name	Print or type the name of the executive officer electing not to be subjected to the Delaware Workers' Compensation Law.
	Signature	The executive officer electing not be subject to the Delaware Workers' Compensation Law must sign the form.
	Date	Enter the date (MM/DD/YYYY) the executive officer electing not be subject to the Delaware Workers' Compensation Law signed the form.
	8. Print Name	Print or type the name of the executive officer electing not to be subjected to the Delaware Workers' Compensation Law.

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	Signature	The executive officer electing not be subject to the Delaware Workers' Compensation Law must sign the form.
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