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CITY OF San Dimas CALIFORNIA

Business License # _____

Business Name _____ Phone _____

Business Address _____

City _____ State _____ Zipcode _____

Workers Compensation Declaration

(Section 3711 of the Labor Code)

I hereby affirm, under penalty of perjury, one of the following declarations:

☐ I have and will maintain a certificate of consent to self-insure for workers' compensation , as provided by Section 3700, for the duration of any business activities conducted for which this license issued.

☐ I have and will maintain workers' compensation insurance, as required by Section 3700, for the duration of any business activities conducted for which this license is issued.

☐ I certify that in the performance of any business activities for which this license is issued, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California, and I agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with the provisions of Section 3700.

_____ _____ _____

Applicants Signature | Applicants Name and Title (please print) | Date

(Warning: Failure to secure Workers' Compensation Coverage is unlawful, and shall subject an employer to criminal penalties and civil fines up to $100,000, in addition to the cost of compensation, damages as provided for in Section 3706 of the Labor Code, interest and attorney's fees.)

Workers' Compensation Insurance Information

Company _____

Address _____

_____

City _____ State _____ Zipcode _____

Policy Number _____

Expiration Date _____