

# CITY OF UKIAH

## RISK MANAGEMENT

300 Seminary Avenue, Ukiah, CA 95482-5400

707 463-6287 FAX 707 463-6204 – Risk Management

### WORKERS' COMPENSATION DECLARATION

\_\_\_\_\_ I have and will maintain a certificate of consent to self-insure for workers' compensation as provided for by Section 3700 of the Labor Code, for the performance of the work for the City of Ukiah, its officers, officials employees and volunteers.

\_\_\_\_\_ I have and will maintain a certificate showing current workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for the City of Ukiah, its officers, officials, employees and volunteers.

\_\_\_\_\_ I certify that in the performance of the work for the City of Ukiah, its officers, officials, employees and volunteers, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions and provide the City of Ukiah with a Certificate of Insurance. In addition, if at any time during the performance of the work for the City, I hire an employee from a temporary agency, I will immediately notify and provide the City with a current workers' compensation certificate from said temporary agency.

\_\_\_\_\_ I plan to hire employees using a temporary agency. The name of the agency is \_\_\_\_\_ . I have attached a copy of the temporary agency's workers compensation certificate. If at any time during the performance of the work for the City, I decide to use some other temporary agency, I will immediately notify the City's Risk Management Division, and provide the corresponding workers compensation certificate.

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Job

\_\_\_\_\_  
Company Address

\_\_\_\_\_  
Estimated time-frame of job.

WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3700 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.