



## Workers' Compensation Declaration

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

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

Note: Check only one box.

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 work for which this license is issued.  
*Provide Certificate of Self Insured with application.*

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

My workers' compensation insurance carrier information:

*Provide all the following information to avoid delayed processing of application.*

Carrier: \_\_\_\_\_

Carrier Address: \_\_\_\_\_

Carrier City/State/Zip: \_\_\_\_\_

Carrier Phone No.: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Policy Expiration Date: \_\_\_\_\_

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 provisions of Section 3700 of the Labor Code. I shall forthwith comply with the provisions of Section 3700 of the Labor Code.

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**WARNING:** Failure to secure Workers' Compensation unlawful, and shall subject an employer to CRIMINAL PENALTIES and coverage is CIVIL FINES up to ONE HUNDRED THOUSAND DOLLARS (\$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.