

**CITY OF EAST PALO ALTO**

**DECLARATION REGARDING CERTIFICATE OF EXEMPTION FROM  
WORKERS' COMPENSATION INSURANCE**

You are required to complete this form because you have not filed a certificate of workers' compensation insurance with the City of East Palo Alto (the "City"). California law requires all employers to carry workers' compensation insurance, even if they have only one employee. If you are the sole owner and you have no employees, or if your business is an out-of-state corporation with no employees working in California, you may not be required to carry workers' compensation insurance. It is your responsibility to comply with the law. If you do not know whether you are required to carry workers' compensation insurance, find out by contacting the California Department of Industrial Relations ("DRE"). Information is also available on the DRE's website at <http://www.dir.ca.gov>. If you are subject to the Workers' Compensation Laws of California, you must promptly file a certificate of Workers' Compensation Insurance with the City. Alternatively, if you have a certificate of self-insurance from the DRE, you must file that certificate with the City. When completing this form, remember that the term "employee" includes clerical persons as well as any other persons employed by your company including drivers.

As a condition of doing business with the City under an agreement dated \_\_\_\_\_ (the "Agreement"), I, \_\_\_\_\_, and individual, hereby acknowledge and declare as follows:

**ACKNOWLEDGEMENT**

\_\_\_\_\_ (Initial) California Labor Code § 3700 requires employers to carry workers' compensation insurance or to obtain a certificate from the Director of Industrial Relations demonstrating that the employer is self-insured. California Labor Code § 3700.5 makes it a criminal offense for an employer to fail to secure compensation as required by the workers' compensation provisions of the Labor Code. Violation of Labor Code § 700 is punishable by a fine of up to \$10,000 or imprisonment or both for up to one year.

\_\_\_\_\_ (Initial) California Labor Code § 3710.1 provides that where an employer fails to provide compensation required under § 3700, the Director of the Department of Industrial Relations shall issue a stop order, prohibiting the employer from using employee labor until such time as the employer complies with the provisions of § 3700. Labor Code § 3710.2 makes it a criminal offense to disregard such stop orders.

\_\_\_\_\_ (Initial) I acknowledge that if evidence is found that contradicts this declaration, the City will promptly notify all relevant state agencies to ensure full insurance compliance required by Workers' Compensation Laws of California and that my operating permit will be suspended and/or revoked.

**DECLARATION REGARDING WORKERS' COMPENSATION COVERAGE**

\_\_\_\_\_ (Initial) I understand that California Labor Code §§ 3700 et seq. requires employers to provide workers' compensation insurance coverage for any employees of my business. I hereby warrant that this business is exempt from the California Labor Code provisions regarding workers' compensation insurance because it has no employees.

I shall not employ any person in any manner so as to become subject to the Workers' Compensation laws of the State of California. In case any services or work are sublet, I shall require my subcontractors similarly to provide Workers' Compensation insurance for the subcontractors' employees, all in compliance with State laws, and as required by the Agreement. As set forth more fully in the Agreement, I agree to fully protect the City, and its councilmembers, officers, employees, agents, contractors, sponsors, volunteers, and other representatives ("Indemnitees") and to hold harmless, indemnify, and defend the Indemnitees for any and all actions, demands, claims, losses, or liability of any nature, caused by or arising out of, pertaining to, or relation to performance of the Agreement, including without limitation the failure of either myself or my subcontractors to take out and maintain such insurance.

If, after making a Certificate of Exemption, I should become subject to the Workers' Compensation provisions of the California Labor Code, I agree to forthwith comply with such provisions and to provide the City with a Certificate of Insurance and Endorsement as required by the Agreement or the Agreement shall be deemed to be terminated.

I certify under the penalty of perjury under the laws of the State of California that the information provided on this Certificate of Exemption is true and accurate to the best of my knowledge.

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

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

Title: \_\_\_\_\_

Company Name and Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_