

Proposition 39 RFA
Form 5: Workers' Compensation Certification

WORKERS' COMPENSATION CERTIFICATION

The undersigned in submitting this document hereby certifies the following:

I am aware of the provisions of section 3700 of the California Labor Code which requires every employer to be insured against liability for workers' compensation or to undertake self-insurance in accordance with such provisions before commencing the performance of the work of this Agreement.

Signature Date

Name and Title (Print or Type) Street Address

Firm Name City, State, Zip