

## **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 contract.

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**Signature**

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**Date**

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**Name and Title (Print or Type)**

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**Firm Name**

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**Street Address, City, State ZIP**