

THE CITY
OF
IMPERIAL
BEACH

(619) 628-1423
FAX (619) 628-1422 & (619) 429-9770

825 IMPERIAL BEACH BOULEVARD ♦ IMPERIAL BEACH, CA ♦ 91932



WORKER'S COMPENSATION DECLARATION

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

_____ I have and will maintain a certificate of consent to self insure for worker's compensation, as provided by Section 3700, for the duration of any business activities conducted for which this license is issued.

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

My worker's compensation insurance carrier and policy number are:

Carrier: _____

Policy Number: _____

_____ I certify 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 worker's compensation laws of California, and agree if I should become subject to worker's compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with the provisions of Section 3700.

Date: _____

Applicant: _____

WARNING: FAILURE TO SECURE WORKER'S COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO \$100,000.00 IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.