



City of Moreno Valley
Community Development Department
Building and Safety Division
14177 Frederick Street
Moreno Valley, CA 92553
(Permit Information : www.moval.org/simplicity)

Worker's Compensation Coverage Declaration for CA Licensed Contractors

WORKERS' COMPENSATION COVERAGE AND LENDING AGENCY WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND 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 FEES.

This declaration is for the following project:

Address: _____ **Suite/Unit:** _____ **Moreno Valley, CA**

Brief Description of construction:

I declare that I am the CA licensed contractor or Authorized Agent for the Licensed contractor via current notarized authorization letter for the following company:

CSLB License #: _____ **Company Name:** _____

License Class(es): _____ **Phone #:** _____ **Email:** _____

Contractor's or Authorized Agent Name (print): _____

Street Address: _____ **City:** _____ **State:** _____ **Zip:** _____

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 workers' compensation, issued by the Director of Industrial Relations as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.

Policy Number: _____

I have and will maintain **workers' compensation insurance**, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance carrier & policy numbers are:

Insurance Carrier: _____

Insurance Policy Number: _____ **Policy Expiration Date:** _____

EXEMPT: I certify that, in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California, and agree that, if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

Contractor's or Authorized Agent Signature: _____ **Date:** _____

DECLARATION REGARDING CONSTRUCTION LENDING AGENCY:

I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Section 3097, Civil Code):

Lender's Name: _____

Lender's Address: _____