

EXCEPTION TO WORKER'S COMPENSATION COVERAGE

We, the undersigned, hereby affirm:

We certify that as the listed Partners of _____, we elect to not come under Worker's Compensation Laws pursuant to the Labor Code Section 3700, and that as such _____ has no employees save for the listed Partners. We acknowledge and certify this to be true by presenting this notarized document with signature to be included as part of the agreement for _____ services.

THAT we are the Partners of _____, and;

THAT upon award of the contract to provide _____ services, all work shall be performed without exception, for the term of the contract, exclusively and solely by the undersigned Partners, and;

THAT any deviation from this agreed upon practice shall constitute grounds for immediate termination of the Agreement between _____ and the City of Moreno Valley to provide _____ services and we agree to defend, indemnify, and hold harmless the City of Moreno Valley, the Moreno Valley Community Services District, and the Moreno Valley Redevelopment Agency against any and all claims, lawsuits, or other actions arising out of any deviation from this agreed upon practice.

I/We certify by my/our name affixed below under penalty of perjury that the foregoing is true and correct.

Name, Partner

Name, Partner

Name, Partner

Name, Partner

NOTARIZED BELOW