City of Pinole WORKERS' COMPENSATION DECLARATION

I hereby affirm, under penalty	of perjury, one of the following declarations:
	certificate of consent to self-insure for workers' compensation as the duration of any business activities conducted for which this
	rorkers' compensation insurance, as required by Section 3700, for trivities conducted for which this license is issued.
My workers' compensation ins	surance carrier and policy numbers are:
Carrier	
Policy Number	Expiration Date
shall not employee any person compensation laws of Californ	nance of any business activities for which this license is issued, I in any manner so as to become subject to the workers' ia, and agree that if I should become subject to the workers ection 3700 of the Labor Code, I shall forthwith comply with the
Name	Date
Addrass	Signatura

WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO \$100,000 IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEYS FEES.