

ATTACHMENT 8: 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 require 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.

Signature and Contact Information	
Signature	Date
Name and Title (Print or Type)	Street Address
Firm Name	City, State, Zip Code