

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