

ATTACHMENT C

WORKERS' COMPENSATION  
CERTIFICATE

## WORKERS' COMPENSATION CERTIFICATE

The Contractor shall execute the following form as required by the California Labor Code, Sections 1860 and 1861:

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 the provisions of that code, and on behalf on my firm, I will comply with such provisions before supplying any material to the Agency

\_\_\_\_\_  
Contractor's Signature

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Business License Number

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date