

WORKERS' COMPENSATION INSURANCE CERTIFICATION

TO THE CITY OF FOLSOM:

The undersigned does hereby certify that Bidder is aware of the provisions of Section 3700 et seq. of the Labor Code which require every employer to be insured against liability for workmen's compensation claims or to undertake self-insurance in accordance with the provisions of said Code, and that Bidder will comply with such provisions before commencing the performance of work on this contract.

Bidder: _____

By: _____

Title: _____

Address: _____

Date: _____

PLEASE READ CAREFULLY BEFORE SIGNING

To be signed by authorized corporate officer or partner or individual submitting the bid. If bidder is: *(example)*

1. An individual using a firm name, sign: "John Doe, an individual doing business as Blank Company."
2. An individual doing business under his/her own name, sign your name only.
3. A co-partnership, sign: "John Doe, and Richard Doe, co-partners doing business as Blank Company, by, John Doe, Co-Partner."
4. A corporation, sign: "Blank Company, by John Doe, Secretary." (or other title).