



WORKERS COMPENSATION ACKNOWLEDGEMENT

By signing this Workers Compensation Acknowledgment form, I, _____, hereby certify and acknowledge that I am aware of the **Workers Compensation laws of the State of California and Section 3700 of the Labor Code of the State of California** requiring every employer to be insured against liability for worker's compensation.

By signing this Workers Compensation Acknowledgement form, **I agree that the following are true and understand that I will be responsible for any action item as listed below:**

_____ I currently have **no employees** which would be **subject to the protection of the Workers Compensation Act.**

_____ I will immediately **notify the City's Risk Management Division** that my status as a sole proprietor independent contractor has changed if at any time **I hire an employee to work on behalf of my organization, company, or partnership etc.**

_____ If at any time during the term of the Agreement, any employees are hired, I will **comply with the requirement of the Workers Compensation laws** and promptly provide the City's Risk Management Division **evidencing such coverage** in accordance with the terms of the City's Purchase Order Terms and Conditions and or any applicable Agreements, including the City's Municipal Code.

Name: _____

Company Name: _____

Signature: _____ **Date:** _____

City of Riverside Business License Number (if applicable): _____

City of Riverside Vendor Number (if applicable): _____