

I, \_\_\_\_\_ hereby, certify and acknowledge that I am aware of the Workers Compensation laws of the State of California and that I currently have no employees which would be subject to the protection of the Workers Compensation Act. Further that if at any time during the term of the Agreement, any employees are hired, that I will comply with the requirement of the Workers Compensation laws. At that time I will provide evidence of such coverage to the City of Riverside in accordance with the terms of the Agreement.

By: \_\_\_\_\_

Date: \_\_\_\_\_

(Signature)

Title: \_\_\_\_\_

Company: \_\_\_\_\_