City of Poway
Worker's Compensation Insurance Exemption Request

Business Name:

Contact information (name, telephone, email):

Business Address:

Description of work/services provided:

Work/Service to be performed on City premises: ☐ Yes ☐No

Legal Form:

☐	Sole Proprietor	☐	Limited Partnership	☐	General Partnership
☐	Corporation	☐	Business Trust	☐	Limited Liability Company
☐	Other:				

Acknowledgment:

_____(initial) I am the authorized representative of the Business mentioned above. I warrant that the Business has no employees other than the owners, officers, directors, partners, or other principals who have elected to be exempt from workers' compensation coverage under California law. I further warrant that I understand the requirements of Section 3700 et seq. of the California Labor Code concerning providing workers' compensation coverage for any employees of the Business.

_____(initial) I agree to comply with the code requirements and all other applicable laws and regulations regarding workers' compensation, payroll taxes, FICA, and tax withholding, and similar employment issues. Business agrees to hold City of Poway (City) harmless from any loss or liability, which may arise from the Business's failure to comply with any such laws or regulations.

_____(initial) Should the Business or its subcontractors hire employees to perform the work referenced above, the Business or its subcontractor(s) shall obtain workers' compensation insurance and provide proof of the coverage to City.

_____(initial) I understand that this form constitutes a declaration by the Business against its financial interest, relative to any claims it should assert against the City under the California workers' compensation or labor laws and serves as an addendum to the agreement.

_____(initial) The Business will defend, indemnify, and hold harmless the City from all claims and liability, including workers' compensation claims and any liability that may be asserted or established by any party in the event the Business hires an employee in violation of this addendum.

Certification:

I certify under penalty of perjury under the laws of the State of California that the information provided on this exemption statement is true and accurate.

Signatures:

_____ Business Designee Signature

_____ City of Poway Designee Signature

_____ Print Name & Date

_____ Print Name & Date