Community Development Department
13777 Fruitvale Avenue
Saratoga, CA 95070
www.saratoga.ca.us/cdd
408.868.1240

WORKERS COMPENSATION DECLARATION

Pursuant to Section 19825 of the Health and Safety Code and Section 3700 of the Labor Code, every applicant for a permit shall file a statement regarding Workers' Compensation coverage.

Project Address: _____
Permit Number: _____

I hereby affirm under penalty of perjury **one of the following declarations** (**you must select ONE of the three options below**):

☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided by Section 3700 of the Labor Code, for the performance of work for which this permit is issued.

☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of work for which this permit is issued. My workers' compensation insurance carrier and policy number are:
Carrier: _____
Policy Number: _____
(If the permit is $100 or less, you may leave the carrier and policy number fields blank but one of the declarations must still be selected.)

☐ I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California, and agree that if I should become subject to the provisions of Section 3700 of the Labor Code, I shall comply with those provisions forthwith.

WARNING: Failure to secure workers' compensation coverage is unlawful and shall subject an employer to criminal penalties and civil fines up to $100,000, in addition to the cost of compensation, damages as provided for in Section 3706 of the Labor Code, interest, and attorney's fees.

CONTRACTOR INFORMATION

State License No.: _____ Class: _____ Expiration Date: _____
City of Saratoga Business License No.: _____ Expiration Date: _____
Business Name: _____
Business Address: _____
City / State / ZIP: _____
Phone Number: _____ Email: _____

Signature: _____
Date: _____