

9. CONTRACTOR’S CERTIFICATION REGARDING WORKER’S COMPENSATION INSURANCE

State of California

County of _____

I am aware of the requirements that every employer to be insured against liability for workers’ compensation or undertake self-insurance in accordance with the provisions of that applicable codes, and I will comply with provisions before commencing the performance of the work of this Contract.

(Organization/Firm)

(Name & Title of Authorized Representative)

(Signature)

(Date)