



Economic Development
Film Office

Re: Workers Compensation

To Whom It May Concern:

I, the undersigned, as an authorized agent for the Company listed below, certify under penalty of perjury under the laws of the State of California that _____ (company name) does not have any employees, and the owner(s) have elected not be covered by workers' compensation insurance. Because of this _____ is not required to have workers' compensation insurance.

Should _____ have an employee(s) in the future it will obtain workers' compensation coverage as per the California Labor Code 3700.

Sincerely,

Permittee Name _____

Permittee Signature _____

Permittee Phone _____