ATTACHMENT 9

WORKERS’ COMPENSATION certification

Pursuant to Labor Code Section 3700, I am aware of the provisions of Section 3700 of the Labor Code which require every employer to be insured against liability for workers' compensation or to undertake self-insurance in accordance with the provisions of that code, and I will comply with such provisions before commencing the performance of the work of this contract.

I, the official named below, CERTIFY UNDER PENALTY OF PERJURY that I am duly authorized to legally bind the Bidder to this certification. This certification is made under the laws of the State of California.

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| *Legal Name of Company (Printed):* | | *Federal ID Number:* |
|  | |  |
| *Signature:* | | *Date Executed:* |
|  | |  |
| *Printed Name and Title of Person Signing:* | | |
|  | | |
| *Executed in the County of:* | *In the State of:* | |
|  |  | |