

City of Vallejo  
**Request for Waiver**  
Workers' Compensation Insurance Requirement

**Business**

Legal Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Legal Form     Sole Proprietor     Limited Partnership     General Partnership     Corporation  
 Business Trust     Limited Liability Company     Other: \_\_\_\_\_

Contact Person (Name and Telephone): \_\_\_\_\_

Email Address: \_\_\_\_\_

**City Reference**

City Agency \_\_\_\_\_ Contact Name/Telephone \_\_\_\_\_

Document Reference: \_\_\_\_\_ Any work performed on City Premises?     Yes     No  
(bid, contract, job no., location, etc.)

Nature of work to be performed for City: \_\_\_\_\_

**Declaration:**

With respect to the above-mentioned business, I hereby warrant that the business has no employees other than the owners, officers, directors, partners or other principals who have elected to be exempt from Worker's Compensation coverage in accordance with California law. I further warrant that I understand the requirements of Section 3700 et seq. of the California Labor Code with respect to providing Worker's Compensation coverage for any employees of the above mentioned business. If the business shall ever hire a subcontractor to perform this contract or any portion thereof, and the subcontractor has employees, then the business shall require its subcontractor to obtain Workers' Compensation Insurance Coverage, or the business shall obtain Workers' Compensation Coverage for that subcontractor's employees. 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. I further agree to defend, indemnify and hold the City of Vallejo harmless from any and all claims, loss and liability which may arise from the failure of the above-mentioned business to comply with any such laws or regulations. I therefore request that the City of Vallejo waive its requirement for evidence of Workers' Compensation insurance in connection with the above-referenced work.

**Signature**

\_\_\_\_\_  
Owner, Officer, Director, Partnership or other Principal

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date