

**Certificate of Exemption from
Workers' Compensation Insurance**

TO: City of Palm Springs

ATTN: City Clerk and Risk Manager

SUBJECT: Sole Proprietor/Partnership/Closely Held Corporation with No Employees

Please let this memorandum notify the City of Palm Springs that I am a

- sole proprietor
- partnership
- closely held corporation

and do not have any employees whose employment requires me to carry workers' compensation insurance. Therefore, I do not carry workers' compensation insurance coverage. I further warrant that I understand the requirements of Section 3700, et seq., of the California Labor Code with respect to providing Workers' Compensation coverage for any 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 hold the City of Palm Springs harmless from loss or liability which may arise from the failure to comply with any such laws or regulations.

Contractor Signature

Printed Name of Contractor

Date

Risk Management Approval:

Date