



CITY OF PALM DESERT  
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## California Worker's Compensation Declaration

**Legal Name or DBA Name:** \_\_\_\_\_

You are required to complete this form because you have not filed a certificate regarding workers' compensation insurance with the City of Palm Desert. California law requires all employers to carry workers' compensation insurance, even if they have only one employee. If you are the sole owner and you have no employees, you may not be required to carry workers' compensation insurance. It is your responsibility to comply with the law. If you do not know whether you are required to carry workers' compensation insurance, find out by contacting the California Department of Industrial Relations ("DIR"). Information is also available on the DIR's website at <http://www.dir.ca.gov>. You should also consult with your attorney, insurance agent or broker, or carrier regarding the specifics of your situation and your options. If you are subject to the Workers' Compensation Laws of California, you must promptly file a certificate of Workers' Compensation Insurance with the City of Palm Desert. If you have a certificate of self-insurance from the DIR, you must file that certificate with the City of Palm Desert. When completing this form, remember that the term "employee" includes clerical persons as well as any other persons employed by your company including drivers.

### ACKNOWLEDGEMENT

\_\_\_\_\_(Initial) California Labor Code § 3700 requires employers to carry workers' compensation insurance or to obtain a certificate from the Director of Industrial Relations demonstrating that the employer is self-insured. California Labor Code § 3700.5 makes it a criminal offense for an employer to fail to secure compensation as required by the workers' compensation provisions of the Labor Code. Violation of Labor Code § 3700 is punishable by a fine of up to \$10,000 and/or imprisonment for up to one year.

\_\_\_\_\_(Initial) California Labor Code § 3710.1 provides that where an employer fails to provide compensation required under § 3700, the Director of the Department of Industrial Relations shall issue a stop order, prohibiting the employer from using employee labor until such time as the employer complies with the provisions of § 3700. Labor Code § 3710.2 makes it a criminal offense to disregard such stop orders.

\_\_\_\_\_(Initial) I acknowledge that if evidence is found that contradicts this declaration, the City of Palm Desert will promptly notify all relevant state agencies to ensure full insurance compliance required by Workers' Compensation Laws of California.

## California Worker's Compensation Declaration

\_\_\_\_\_(Initial) I understand that California Labor Code § 3700 et seq. requires employers to provide workers' compensation insurance coverage for any employees of my business. I hereby warrant that this business is exempt from the California Labor Code provisions regarding workers' compensation insurance because it has no employees.

\_\_\_\_\_(Initial) I agree to hold the City of Palm Desert and its officers, officials, employees, and agents harmless for loss or liability which may arise from the failure of the above-mentioned business to comply with the laws of the State of California regarding workers' compensation insurance.

\_\_\_\_\_(Initial) If I hire employees in the future, I will immediately notify the City of Palm Desert's Risk Manager and provide a certified Workers' Compensation certificate to the City.

### CERTIFICATION

I (we) certify (or declare) under penalty of perjury, under the laws of the State of California, that I (we) have read and understood the above stated requirements regarding Workers' Compensation and that I (we) am (are) in compliance. I (we) certify (or declare) that the forgoing is true and correct.

Executed this \_\_\_\_ day of \_\_\_\_\_ 202\_\_ at \_\_\_\_\_, California.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Print Name of Applicant

\_\_\_\_\_  
Signature Owner, Officer, Director or Partnership