

**CERTIFICATE OF EXEMPTION FROM WORKER'S COMPENSATION LAWS**

I am aware of the provisions of California Labor Code Section 3700, which requires every employer to be insured against liability for workers' compensation or to undertake self-insurance in accordance with the provisions of that code. I affirm that at all times in performing the work for which this Certificate is provided I will not employ any person in any manner so that I become subject to the workers' compensation laws of California. I also understand that if while performing the work for which this Certificate is provided I employ someone so that I become subject to the workers' compensation laws of California, the claim of exemption executed under this form will no longer be valid. I affirm that if I become subject to the workers' compensation laws of California while performing the work for which this Certificate is provided I will obtain a Certificate of Workers' Compensation Insurance, submit that Certificate to Resources Legacy Fund immediately following its effective date, and continuously maintain the coverage provided by the Certificate in accordance with the law.

I certify under penalty of perjury under the laws of the State of California that the information provided on this exemption statement is true and accurate.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Title: \_\_\_\_\_