

City of Moreno Valley Community Development Department

Building and Safety Division

14177 Frederick Street Moreno Valley, CA 92553

(Permit Information : www.moval.org/simplicity

Worker's Compensation Coverage Declaration for CA Licensed Contractors

WORKERS' COMPENSATION COVERAGE AND LENDING AGENCY WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY FEES.

This declaration is for the follow	ing project:		
Address:		Suite/Unit:	Moreno Valley, CA
Brief Description of construction	1:		
I declare that I am the CA license authorization letter for the follow		Agent for the Licensed co	ntractor via current notarized
CSLB License #:	Company Name:		
License Class(es):	Phone #:	Email:	
Contractor's or Authorized Agen	t Name (print):		
	City:		
I hereby affirm under penalty of p			
performance of the work for Insurance Carrier:	orkers' compensation insurance which this permit is issued. My w	orkers' compensation insurar	nce carrier & policy numbers are:
Insurance Policy Number:	·	Policy Expirat	tion Date:
manner so as to become sub	e performance of the work for wh ject to the workers' compensation on provisions of Section 3700 of th	n laws of California, and agree	e that, if I should become subject
Contractor's or Authorized Ager	nt Signature:		Date:
DECLARATION REGARDING CONS	TRUCTION LENDING AGENCY		
I hereby affirm under penalty of pwhich this permit is issued (Sectio	• •	ction lending agency for th	e performance of the work for
Lender's Name: Lender's Address:			