

**CERTIFICATION OF EXEMPTION
FROM WORKERS' COMPENSATION INSURANCE**

I certify that in the performance of the work described in this Agreement, I shall not employ any person in any manner so as to become subject to State or Federal Workers' Compensation laws.

I also certify that, if in the future, I should employ persons to perform work pursuant to this Agreement in a manner that makes me subject to State or Federal Workers' Compensation laws, I shall immediately obtain Workers' Compensation insurance coverage and provide the County of Los Angeles with a certificate of insurance as evidence that I am in compliance with such laws.

CONTRACTOR:

Signature

Date

Printed Name

Sign and return if no employees are joining you for the day of event.

If you are bringing employees, complete the portion of the "Workers Compensation and Employee Liability" and purchase the Insurance.