

**EXHIBIT "B"**

**WORKERS' COMPENSATION CERTIFICATE FOR SOLE PROPRIETORS**

Contractor by the signature of its authorized representative hereunder represents that it is a sole proprietorship and is not legally required to carry workers' compensation or employers' liability insurance as required under California law. However, if, at any time during the performance of the Work contemplated by the Contract Documents, the Contractor hires an employee or employees, the Contractor will provide the City/Agency/Sanitary District with evidence satisfactory to the City/Agency/Sanitary District that it has secured workers' compensation and employers' liability insurance satisfactory to the City/Agency/Sanitary District prior to any such employee performing any work under the Contract Documents.

**I declare under penalty of perjury under the laws of the State California that the foregoing is true, complete, accurate and correct. I also certify that I am authorized to sign on behalf of and bind \_\_\_\_\_.**

Company Name

SIGNATURE OF AUTHORIZED PERSON: \_\_\_\_\_

PRINTED NAME OF AUTHORIZED PERSON: \_\_\_\_\_

TITLE OR POSITION OF AUTHORIZED PERSON: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

**NOTE:** This form shall serve as notification to the City of Garden Grove that Contractor represents that it not legally required to have Workers Compensation or Employers' Liability Insurance under California law.

**DO NOT FILL OUT THE BOTTOM PORTION OF THIS REQUEST!**  
**City/Agency/Sanitary District Use Only**

RISK MANAGEMENT DIVISION SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_