



Contract Labor

For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Policy Number (Policy #-YY):	
Company Name:	
Completed By Name:	
Completed By Title:	
Date Completed:	

If your company used 'contract labor' such as sub-contractors, cash-pay, day/manual laborers during the policy period, please complete this form. *Note:* A certificate of workers' compensation insurance may be requested.

[illegible]