Statement of Sole Proprietorship - Workers' Compensation

This form must be submitted with the certificate of insurance indicating coverage for all other lines of insurance required by the City of Chula Vista.

Date:

Contractor Name: _____

Business Name: _____

This statement is being submitted in lieu of a certificate of insurance for the workers' compensation insurance coverage required by the City of Chula Vista. I am a sole proprietor with no employees.

(Name of class/service) _____ will be completed by myself without employees or subcontracted assistance.

I understand that if I hire anyone as an employee, I will purchase Workers' Compensation Insurance coverage for the required limits and provide a certificate of insurance indicating this coverage immediately.

If I hire a subcontractor I will provide the City of Chula Vista with the required proof of insurance for Workers' Compensation for each subcontractor. I understand that Workers' Compensation is required of all subcontractors.

_____ _____

Contractor Signature Date

_____ _____

Printed Name Title