

City of Santa Barbara
Request for Waiver
Workers' Compensation Insurance Requirement



City Information

Department/Division: _____

Point of Contact: _____

Contract/PSA/Bid Reference #: _____

Will any work be performed on City Property? _____

Nature of Work to Be Performed: _____

Business Information

Legal Business Name of Contractor/Vendor: _____

Contractor/Vendor Point of Contact Name: _____

Contractor/Vendor Point of Contact Telephone #: _____

Business Address: _____

Business Legal Form: _____

Declaration:

With respect to the above-mentioned business, I hereby warrant that the business has no employees other than the owners, officers, directors, partners or other principals who have elected to be exempt from Worker's Compensation coverage in accordance with California law. I further warrant that I understand the requirements of Section 3700 et seq. of the California Labor Code with respect to providing Worker's Compensation coverage for any employees of the above mentioned business. I agree to comply with the code requirements and all other applicable laws and regulations regarding workers compensation, payroll taxes, FICA and tax withholding and similar employment issues. I further agree to hold the City of Santa Barbara, its Council, officers, officials, employees, agents, volunteers, and consultants harmless from and against any and all liability, loss, damage, claims, causes of action, demands, charges, fines, costs, and expenses which may arise from the failure of the above-mentioned business to comply with any such laws or regulations. I therefore request that the City of Santa Barbara waive its requirement for evidence of Workers' Compensation insurance in connection with the above-referenced work.

Signature

Owner, Officer, Director, Partnership, or other Principal

Title

Date