

PROOF OF WORKERS' COMPENSATION INSURANCE

(State law requires that this section must be completed before a business license can be issued)

- The certificate of workers' compensation insurance for the above named business is on file at the address listed on the reverse side.
- The certificate of workers' compensation insurance for the named business is attached.
- I certify that in the performance of work for which this license is issued I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California.

NOTE: If after signing the certificate, you hire **any** employee, you become subject to the workers' compensation provisions of the California Labor Code, and you must immediately comply with the provisions of Section 3700 or your license **immediately** becomes revoked.

Signature of Owner or Officer _____ Date _____

Please list all agents employed by the Broker Listed on front of this application.

NO.	AGENT'S NAME	NO.	AGENT'S NAME
1.		21.	
2.		22.	
3.		23.	
4.		24.	
5.		25.	
6.		26.	
7.		27.	
8.		28.	
9.		29.	
10.		30.	
11.		31.	
12.		32.	
13.		33.	
14.		34.	
15.		35.	
16.		36.	
17.		37.	
18.		38.	
19.		39.	
20.		40.	

• USE ADDITIONAL SHEETS IF MORE THAN 40 AGENTS WORK FOR BROKER LISTED ON THE FRONT OF THIS APPLICATION •