City and County of San Francisco
DEPARTMENT OF PUBLIC HEALTH
ENVIRONMENTAL HEALTH

Workers' Compensation Declaration for Regulated Businesses

Owner/Operator: _____

DBA/Name of Business: _____

Address of Business: _____ SFDPH Permit Type: _____

I understand that this business must comply with the Workers' Compensation laws of the State of California to obtain and maintain a valid permit to operate from the San Francisco Department of Public Health. I hereby affirm one of the following declarations:

☐ I have and will maintain a "**Certificate of Consent to Self-Insure**" for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.

☐ I have and will maintain a "**Certificate of Insurance**" for workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance carrier and policy number are:

_____
Carrier

_____
Policy Number

☐ I certify that this business is **not subject to requirements of Section 3700 of the Labor Code** at this time.

I agree that if this business employs any person in any manner so as to become subject to the workers' compensation laws of the State of California and the provisions of Section 3700 of the Labor Code, I will comply with those provisions and I will provide proof of coverage as required by the San Francisco Department of Public Health.

_____ _____
Date Applicant Signature

Required Attachment: **Certificate of Insurance** from Carrier *or*
Certificate of Self-Insurance from the State.

Failure to secure workers' compensation coverage is unlawful, and shall subject an employer to criminal penalties and civil fines up to **one hundred thousand dollars ($100,000)**, in addition to the cost of compensation, damages as provided in Section 3706 of the Labor Code, interest and attorney's fees.