<Current Date>

City of Sacramento 915 I St., 3rd FL Sacramento, CA 95814

RE: Workers Compensation

To Whom it May Concern:

Please know and mark your records to show that <Contractor's Name> does not have any employees, and the owner(s) have elected to not be covered by worker's compensation insurance. Because of this <Contractor's Name> is not required to have workers' compensation insurance.

Should <Contactor's Name> have an employee(s) in the future it will obtain workers' compensation coverage as per California Labor Code 3700.

Sincerely,

<Name/Title of Owner, Member, partner or Corporate Owner of the Contractor>