

WORKERS' COMPENSATION EXEMPTION CERTIFICATION

I certify that I do not have any employees and am exempt from carrying Workers' Compensation insurance. If I hire any employees in the future, I will provide proof of Workers' Compensation insurance to the University of California, Davis within 15 days.

Date: \_\_\_\_\_

Company Name: \_\_\_\_\_

Owner Name (Print): \_\_\_\_\_

Owner Signature: \_\_\_\_\_