

**SONOMA COUNTY FAIRGROUNDS**  
**1350 BENNETT VALLEY ROAD**  
**SANTA ROSA, CA 95404**  
**PHONE: (707) 545-4200 FAX: (707) 573-9342**

**2016 WORKERS' COMPENSATION DECLARATION**

PLEASE CHECK THE APPROPRIATE LINE:

\_\_\_\_\_ **I HAVE EMPLOYEES AND AM REQUIRED TO PROVIDE EVIDENCE OF WORKERS' COMPENSATION INSURANCE.** I HAVE ENCLOSED A COPY OR WILL REQUEST ONE BE SENT TO THE FAIR AS PER THE SONOMA COUNTY FAIRGROUNDS INSURANCE REQUIREMENTS OUTLINED IN THE SERVICE AGREEMENT.

\_\_\_\_\_ **I HEREBY CERTIFY THAT I HAVE NO PAID OR VOLUNTEER EMPLOYEES. THEREFORE, WORKERS' COMPENSATION INSURANCE WHICH IS REQUIRED FOR EACH CONTRACT AS STATED IN THE SONOMA COUNTY FAIRGROUNDS INSURANCE REQUIREMENTS UNDER "WORKERS' COMPENSATION INSURANCE" DOES NOT APPLY TO ME.**

I AM AWARE THAT THIS STATEMENT IS FOR THE INTERNAL USE OF THE SONOMA COUNTY FAIR AND DOES NOT ALTER THE WORKERS' COMPENSATION REQUIREMENTS IN THE LABOR CODE OF THE STATE OF CALIFORNIA DEFINING "EMPLOYEES".

\_\_\_\_\_  
**COMPANY NAME - PRINT** - Name as indicated on the Service Agreement

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**