## City of Kenai Contractor's Certification of Coverage Workers Compensation Insurance

Company/contractor's name			
Address			·
city, St	cate, Zip		
Federal	E.I.N.		
Check of	ne:		
1)	I am a sole proprietor with no to provide workers compensation		quired
2)	This company is a partnership required to provide workers company is	ompensation insurance. All	
3)	This company/contractor does certificate or employer's not compensation coverage is atta	ice of insurance showing we	orkers
I certify that I have checked one of the boxes above and that I am authorized to sign this document. I further certify that if boxes (1) or (2) have been checked, and that if I later hire an employee, I will immediately notify the City and provide the appropriate certificate or notice of insurance. I will notify the City if my latest certificate or notice of insurance on file with the City is modified or cancelled.			
Printed Name		Signature	
Title		Date	

Note: This Contractor's Certification must be completed prior to issuance of a purchase order or contract that orders work that will be performed on City property. This certification may be incorporated into or superseded by a formal contract.