

AGREEMENT TO ABIDE BY SELF-INSURANCE REGULATIONS

This application is filed with the understanding and the agreement of the applicant herein that a Certificate of Consent to Self-Insure, if granted, will be accepted subject to the authority of the Director of Industrial Relations to prescribe the regulations upon which said Certificate of Consent to Self-Insure shall be granted or continued and subject to the full right and authority of the said Director of Industrial Relations to prescribe new and additional regulations. It is further agreed that, following revocation or invalidation of said certificate, the applicant will pay fees and expenses as provided in the regulations.

I _____
(Insert person's name) (Insert title of Person)

certify under penalty of perjury, that I am acquainted with the affairs of said applicant employer to which the representations and statements set forth in the foregoing applicant, attachments, exhibits and addenda relate; that I have read said applicant, attachments, exhibits, and addenda know the contents thereof and that said representations and statements therein contained are true to the best of my knowledge, information, and belief.

Subscribed and sealed at _____
(City) (State)
this _____ day of _____, 19 _____.

SEAL

Signature

Title

Attest:

Signature of Secretary

(Type Name and Title of Secretary)