

DEPARTMENT OF INDUSTRIAL RELATIONS  
SELF-INSURANCE PLANS  
2265 Watt Avenue, Suite A  
Sacramento, CA 95825  
Phone: (916)924-4866  
FAX: (916) 920-7095

**CERTIFICATE OF SELF-INSURANCE  
Of  
WORKERS' COMPENSATION**

TO WHOM IT CONCERN

This certifies that Certificate to Self-Insure No. \_\_\_\_\_ was issued by the Director of Industrial Relations to:  
(NUMBER)

\_\_\_\_\_  
(COMPANY)

under the provisions of Section 3700, Labor Code of California, on \_\_\_\_\_ The Certificate is now and has been in  
full force and in effect since that date. (DATE)

Dated at Sacramento, California

This \_\_\_\_\_ Day of \_\_\_\_\_, 19 \_\_\_\_\_.

\_\_\_\_\_  
MARK B. ASHCRAFT, Manager  
Self-Insurance Plans