Contract Labor

Policy Number (Policy #-YY):	
Company Name:	
Completed By Name:	
Completed By Title:	
Date Completed:	

If your company used 'contract labor' such as sub-contractors, cash-pay, day/manual laborers during the policy period, please complete this form. *Note:* A certificate of workers' compensation insurance may be requested.

Name	License # (CSLB/DOT/ OTHER)	License Expiration Date	Work Performed	Amount Paid