## California Labor Code Section 2810 Checklist

Contract/PO No.	
Project No.	

## California Labor Code Section 2810 Checklist

In accordance with <u>CALIFORNIA LABOR CODE COMPLIANCE</u>, please provide the following information. Attach additional sheets if necessary.

Yes $\square$	e bargaining agreement(s) with its own labor force (check one):
<u>—</u>	checked, provide the information requested in items 3 through 7 below.)
All of the subcontractor agreements (check one)	s used by Contractor under this Contract have collective bargaining
Yes	
<u>—</u>	checked, provide the information requested in items 3 through 7 below.)
	umber for each vehicle owned by Contractor and/or subcontractor and used nection with any service provided pursuant to this contract:
	ce policy number covering the vehicles listed in item 3, and the name, number of the insurance carrier:
	number of the insurance carrier:
address, and telephone r	number of the insurance carrier:
address, and telephone r Policy Number:	number of the insurance carrier:
address, and telephone r Policy Number: Insurance Carrier:	number of the insurance carrier:
address, and telephone r Policy Number: Insurance Carrier:	number of the insurance carrier:
address, and telephone r Policy Number: Insurance Carrier: Address:	number of the insurance carrier:
address, and telephone r Policy Number: Insurance Carrier: Address:	number of the insurance carrier:
address, and telephone r Policy Number: Insurance Carrier: Address: Telephone No.:	number of the insurance carrier:
address, and telephone r Policy Number: Insurance Carrier: Address: Telephone No.:	number of the insurance carrier:  ( ) -
address, and telephone r Policy Number: Insurance Carrier: Address: Telephone No.:	number of the insurance carrier:  ( ) -

	own labor force. If the exact number of workers, amount of wages, and pay dates are unknown at the time this Contract is executed, provide an estimate and so indicate. It is agreed that when Contractor has firm numbers, Contractor will notify Owner in writing.						
	The total number of workers to be employed under this contract:						
	The total amount of all wages to be paid:						
	The date or dates	s when those wages a	re to be paid:				
	Contractor's Subcontracted Work Force. Provide the following information in connection with Contractor's subcontracted work force. If the exact subcontracted firm(s) or individual(s) are unknown at the time this Contract is executed, provide an estimate and so indicate. It is agreed that when Contractor has finalized contracts with the subcontracted firm(s) or individual(s), and has firm numbers, Contractor will present Owner with the updated information in writing.  The total number of persons who will be utilized under the contract or agreement as subcontractors:  Name of subcontract firm or individual, and the current local, state and federal contractor license						
	identification numbers for each:  Name of Subcontracted Firm or Individual	License #	Total Wages to be Paid	Date Wages to be Paid			
-							
-							
Ļ							
Ĺ							
-	Signature		Date	-			
-	Typed Name						