

Worker's Compensation Insurance Verification

PR-LIC-120 (Rev. 08/22)

A. Declaration. Please print or type.

I, _____, the undersigned, verify under penalty of perjury, under laws of the State of
Name

California, that the information provided below, is true and correct. The business mentioned herein is covered by worker's

compensation insurance: _____
Name of Business

License number: _____ Telephone number: _____

B. Worker's Compensation Insurance Information. Please print or type.

Worker's Compensation Insurance Carrier Name	Policy Number	Expiration Date

C. Sign and Return. Sign and date. Return with your renewal application or send to DPRInsurance@cdpr.ca.gov.

Signature	Title	Date