



NO EMPLOYEES DECLARATION FORM

Contract Instructor Printed Name: _____

Business Name (if applicable): _____

Phone: _____

Email: _____

I declare that I do not employ any persons in connection with my Agreement for Contract Instructor Services with the City of Dublin. I also understand that if I do employ such persons, I must first obtain workers' compensation as required by the State of California with the limits outlined in the "Agreement For Contract Instructor Services", and provide to the City of Dublin evidence of workers' compensation insurance coverage, including a waiver of subrogation provision.

Contract Instructor Signature

Date