

# Ironworkers Collectively Bargained Workers' Compensation Program

District Council of Iron Workers of the State of California and Vicinity,  
California Ironworkers Employers Council

## Employer Acknowledgment of Participation

The undersigned employer, \_\_\_\_\_, by signing this Employer Acknowledgment of Participation, hereby acknowledges and certifies that the undersigned employer has collectively bargained for and has agreed to be bound by all terms and conditions of the Ironworkers Workers' Compensation Addendum, attached hereto, entered into between the District Council of Iron Workers of the State of California and Vicinity ("Union") and the Associations Comprising the California Ironworkers Employers Council, Inc. ("Association"), pursuant to California Labor Code section 3201.5.

The undersigned employer also acknowledges and certifies that the undersigned employer has collectively bargained for and has agreed to be bound by all terms and conditions of the Agreement and Declaration of Trust Establishing the Ironworkers Workers' Compensation Trust ("Trust"), attached hereto. **This, "Employer Acknowledgment of Participation" document must be executed by all parties at the time of coverage and participation in the Program and annually there after. The original copies must be forwarded to:**

Gene Vick, Program Administrator  
P.O. Box 542  
El Verano, CA 95433-9998

Employer Name: \_\_\_\_\_ License #: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Signed for the Employer by: \_\_\_\_\_ Date: \_\_\_\_\_

Print name: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Signed for the Insurance Carrier by: \_\_\_\_\_

Print name: \_\_\_\_\_

**Insurance Carrier hereby acknowledges the employer participation in the workers' compensation program and agrees to comply with all the requirements of the program.**

Acknowledged by ICBWCP Administrator: \_\_\_\_\_

Effective Date of Coverage: \_\_\_\_\_