County of Siskiyou

Request for Waiver

Workers' Compensation Insurance Requirement

County Information

Department/Division: Public Health

Point of Contact: Dawn Walton

Contract/PSA/Bid Reference #: _____

Will any work be performed on County Property? Yes

Nature of Work to Be Performed: Janitorial Service

_____

Business Information

Legal Business Name of Contractor/Vendor: Harold's Cleaning Co.

Contractor/Vendor Point of Contact Name: Harold Mc Fall

Contractor/Vendor Point of Contact Telephone: 530-841-1232 530-340-1439 cell

Business Address: 11331 Jasper Ct. Montague Ca. 96064

Business Legal Form: Self Proprietor

Declaration:

With respect to the above-mentioned business, I hereby warrant that the business has no employees other than the owners, officers, directors, partners or other principals who have elected to be exempt from Worker's Compensation coverage in accordance with California law. If employees are hired, I am required to obtain Workers' Compensation and notify the County immediately. I further warrant that I understand the requirements of Section 3700 et seq. of the California Labor Code with respect to providing Worker's Compensation coverage for any employees of the above-mentioned business. I agree to comply with the code requirements and all other applicable laws and regulations regarding workers compensation, payroll taxes, FICA and tax withholding and similar employment issues. I further agree to hold the County of Siskiyou, its Council, officers, officials, employees, agents, volunteers, and consultants harmless from and against any and all liability, loss, damage, claims, causes of action, demands, charges, costs, and expenses which may arise from the failure of the above-mentioned business to comply with any such laws or regulations. I therefore request that the County of Siskiyou waive its requirement for evidence of Workers' Compensation insurance in connection with the above-referenced work.

Harold Mc Fall

Signature Owner, Officer, Director, Partnership, or other Principal

Harold McFall 5/6/2026

Printed Name Date

_____

Risk Management Signature Date

☐ Approved ☐ Denied

_____

Printed Name