



**SOUTHERN CALIFORNIA LABORER'S
WORKERS' COMPENSATION PROGRAM**

**ALTERNATIVE DISPUTE RESOLUTION SYSTEM
Pursuant to California Labor code Section 3201.5**

MEMORANDUM OF UNDERSTANDING

In signing this Memorandum of Understanding (MOU), the undersigned firm hereby agrees to be bound by all the terms and provisions of the Agreement on the Workers' Compensation Dispute Resolution Procedure (hereinafter "Workers' Compensation Agreement") between the LABORER'S HEALTH AND WELFARE TRUST FOR SOUTHERN CALIFORNIA and the signatory Contractors Association. This MOU shall become effective on the effective date of the insurance policy listed below. It shall remain in effect until the earlier of the termination of the MOU of the Workers' Compensation Agreement, or change in Insurance companies in the manner provided in the Workers' Compensation Agreement.

The undersigned firm agrees to be bound by the terms of the Southern California Laborer's Workers' Compensation Trust Agreement and Funding Agreement.

Date: _____

Name: _____ Signature: _____

Company: _____

Address: _____

Telephone: _____ Fax: _____

Email: _____

Contractor's License Number: _____

FEIN: _____

Insurance Company: _____

Policy Number: _____

Effective Date: _____

Broker/Agent: _____

Address: _____

Telephone: _____ Fax: _____

ADR Administrator Endorsement

Signature: _____

Date: _____

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