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 revoked in writing, accompanied by the termination or non-renewal of any workers' compensation insurance policy issued to the undersigned employer as the result of this memorandum of understanding, or the termination of the Workers' Compensation Agreement, in the manner provided in the Workers' Compensation Agreement or until the Contractor ceases to be signatory to the appropriate labor 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:

Chris R. Reinhardt, CIC
(909) 234-7290 | fax: (909) 494-4164
chrisr@unionadr.com | https://laborersadr.com