



PIPE CONTRACTORS SAFETY ASSOCIATION, INC.

ALTERNATIVE DISPUTE RESOLUTION SYSTEM Pursuant to California Labor code Section 3201.5

MEMORANDUM OF UNDERSTANDING

The undersigned employer hereby agrees to be bound by all terms and provisions of the P.I.P.E. Alternative Workers' Compensation Agreement for contractors in the construction industry (hereinafter, the "Workers' Compensation Agreement") between the PIPE Contractors Safety Association, Inc., Southern California Independent Contractors and the following contractor associations:

- California Plumbing & Mechanical Contractor Association (CPMCA)
- Air-conditioning, Refrigeration and Mechanical Contractors Association of Southern California, Inc. (ARCA/MCA)
- California Landscape and Irrigation Council (CLIC)

This memorandum of understanding is being entered by the parties for the purpose of complying with California Labor Code Section 3201.5, as embodied in the Workers' Compensation Agreement. It is understood by the parties that compilation of any report or data required under Labor Code Section 3201.5 by the Administrative Director of the Division of Workers' Compensation **shall be the responsibility of the Contractor and PIPE Contractors Safety Association.**

This memorandum of understanding becomes effective on (date): _____

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 PIPE Contractors Safety Association, Inc. 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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