



# Operating Engineers Local #12

## Alternative Dispute Resolution System pursuant to California Code section 3201.5

### MEMORANDUM OF UNDERSTANDING Applicable to annual premiums Over \$250,000

The undersigned employer hereby agrees to be bound by all terms and provisions of the Operating Engineers alternative Workers' compensation agreement for contractors in the construction industry (hereinafter, the "Workers' Compensation agreement" between the Operating Engineers local #12.

- Southern California Contractors Association (SCCA).
- United Contractors Association (UCON).

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 Operating Engineers local #12**

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 Operating Engineers Local #12 ADR Workers' Compensation Agreement and Funding Agreement**

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Contractor's License #: \_\_\_\_\_ FEIN: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Broker/Agent: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

### **ADR Administrator Endorsement**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Chris R. Reinhardt, CIC**  
**UnionADR, LLC (Manager)**  
**(909) 234-7290 | fax: (909) 494-4164**  
[chrisr@unionadr.com](mailto:chrisr@unionadr.com)

**George Khozam**  
**UnionADR, LLC (Assistant Manager)**  
**(714) 457-1338**  
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# Operating Engineers Local #12

## Alternative Dispute Resolution System pursuant to California Code section 3201.5

MEMORANDUM OF UNDERSTANDING  
Applicable to annual premiums Under \$250,000

The undersigned employer hereby agrees to be bound by all terms and provisions of the Operating Engineers alternative Workers' compensation agreement for contractors in the construction industry (hereinafter, the "Workers' Compensation agreement" between the Operating Engineers local #12.

- Southern California Contractors Association (SCCA).
- United Contractors Association (UCON).

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 Operating Engineers local #12**

This memorandum of understanding becomes effective on (date): \_\_\_\_\_

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**The undersigned firm agrees to be bound by the terms of the Operating Engineers Local #12 ADR Workers' Compensation Agreement and Funding Agreement**

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Contractor's License #: \_\_\_\_\_ FEIN: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Broker/Agent: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

**ADR Administrator Endorsement**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Chris R. Reinhardt, CIC  
UnionADR, LLC (Manager)  
(909) 234-7290 | fax: (909) 494-4164  
[chrisr@unionadr.com](mailto:chrisr@unionadr.com)

George Khozam  
UnionADR, LLC (Assistant Manager)  
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## Operative Plasterers' & Cement Masons' Local 500 & 600 Alternative Dispute Resolution System pursuant to California Code section 3201.5

### MEMORANDUM OF UNDERSTANDING Applicable to annual premiums under \$250,000

The undersigned employer hereby agrees to be bound by all terms and provisions of the Operating Engineers alternative Workers' compensation agreement for contractors in the construction industry (hereinafter, the "Workers' Compensation Agreement" between the Operative Plasterers' & Cement Masons' Local 500 & 600

- Southern California Contractors Association (SCCA).

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 Operative Plasterers' & Cement Masons' Local 500 & 600.**

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 Operative Plasterers' & Cement Masons' Local 500 & 600 ADR Workers' Compensation Agreement and Funding Agreement**

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Contractor's License #: \_\_\_\_\_ FEIN: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Broker/Agent: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

#### ADR Administrator Endorsement

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Chris R. Reinhardt, CIC  
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## Operative Plasters' & Cement Masons' Local 500 & 600 Alternative Dispute Resolution System pursuant to California Code section 3201.5

### MEMORANDUM OF UNDERSTANDING Applicable to annual premiums over \$250,000

The undersigned employer hereby agrees to be bound by all terms and provisions of the Operating Engineers alternative Workers' compensation agreement for contractors in the construction industry (hereinafter, the "Workers' Compensation Agreement" between the Operative Plasters' & Cement Masons' Local 500 & 600

- Southern California Contractors Association (SCCA).

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 Operative Plasters' & Cement Masons' Local 500 & 600.**

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 Operative Plasters' & Cement Masons' Local 500 & 600 ADR Workers' Compensation Agreement and Funding Agreement**

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Contractor's License #: \_\_\_\_\_ FEIN: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Broker/Agent: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

### ADR Administrator Endorsement

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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