STATE COMPENSATION INSURANCE FUND

Property Management

Your policy includes Property Management classification endorsements. Please complete this form.

Policy Number (Policy #-YY):	
Company Name:	
Completed by Name:	
Completed by Email Address:	
Business Telephone Number:	
Business Website Address:	

Locations (Complete Physical Address)	# of Units	Property Type (Apartment, House, Mixed Use, Commercial, etc.)	Lodging Credit (or Monthly Fair Market Value)	Name of Resident Manager (with Rent Credit)	Resident Clerical Employee Name (not allowed under 8810)	For Auditor Use Only WC Class

For your protection California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

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