

**LABOR/MANAGEMENT COOPERATION COMMITTEE (LMCC)**  
*WORKERS' COMPENSATION ALTERNATIVE DISPUTE RESOLUTION PROGRAM*  
*for the*  
**SOUTHERN CALIFORNIA PAINTERS & ALLIED TRADES EMPLOYERS GROUP**  
**(SCPATEG)**

**THE UNDERSIGNED EMPLOYER IS A MEMBER OF SCPATEG THROUGH ONE OF THE FOLLOWING ASSOCIATIONS:**

- **WESTERN PAINTING AND COATINGS CONTRACTORS ASSOCIATION**
- **FINISHING CONTRACTORS ASSOCIATION OF SOUTHERN CALIFORNIA**
- **DRYWALL FINISHERS CONFERENCE OF THE WESTERN WALL AND CEILING CONTRACTORS ASSOCIATION**
- **FLOOR COVERING ASSOCIATION OF SOUTHERN CALIFORNIA, INC.**

**MEMORANDUM OF UNDERSTANDING**

In signing this Memorandum of Understanding (MOU), the undersigned firm hereby agrees to be bound by all the terms and conditions of the Workers' Compensation Alternative Dispute Resolution Agreement (hereafter the "ADR Agreement") dated March 19, 1997, by and between the Painters and Allied Trades District Council No. 36 (DC 36), including all of its Local Unions, and the Western Painting and Coatings Contractors Association, the Finishing Contractors Association Of Southern California, the Drywall Finishers Conference of the Western Wall and Ceiling Contractors Association and the Floor Covering Association of Southern California, Inc., collectively known for this agreement as Southern California Painters & Allied Trades Employers Group ("SCPATEG"). This MOU shall become effective on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_. It shall remain in effect until the earlier of the termination of this MOU or of the ADR Agreement, in the manner provided in the ADR Agreement.

The undersigned firm understands that it, or its insurer, will be responsible for paying all required ADR fees to SCPATEG/LMCC in order to remain a member in good standing in the program. ADR fees are due and payable on all WC premium resulting from hours incurred subject to a collective bargaining or other agreement with DC 36, and for all policy periods during which the firm participates in the program.

NAME OF FIRM

\_\_\_\_\_

ADDRESS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

STATE CONTRACTOR'S LICENSE NUMBER:

\_\_\_\_\_

AUTHORIZED REPRESENTATIVE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE

SIGNED FOR DC 36

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE