

This space for P.U.C. DATE Received

BE SURE TO INDICATE P.U.C. FILE NUMBER
MTR#
PSG#

**CERTIFICATE OF WORKERS' COMPENSATION INSURANCE**  
**FILED WITH**  
**PUBLIC UTILITIES COMMISSION OF THE STATE OF CALIFORNIA**  
**FOR HOUSEHOLD GOODS CARRIERS, CHARTER-PARTY CARRIERS OF PASSENGERS AND**  
**PASSENGER STAGE CORPORATIONS (HEREINAFTER CALLED COMMISSION-REGULATED CARRIERS)**

THIS IS TO CERTIFY, THAT the \_\_\_\_\_  
(Name of Insurance Company)  
(hereinafter called Company) at \_\_\_\_\_  
(California Address of Company)  
has issued to \_\_\_\_\_  
(Name of Commission-Regulated Carrier)  
\_\_\_\_\_  
(Address of Commission-Regulated Carrier)

a valid Worker's Compensation insurance policy in a form approved by the California Insurance Commissioner covering all of the above-named Commission-regulated carrier's employees.

This certificate and the insurance coverage certified to are effective until cancelled. Cancellation may be effected only by the company's giving thirty (30) days written notice, on an authorized form, to the Public Utilities Commission of the State of California at its office in San Francisco, California, said thirty (30) days to commence to run from the date notice is actually received in the office of the Commission.

Policy No. \_\_\_\_\_

Replaces Policy No. \_\_\_\_\_

Effective from \_\_\_\_\_ until Cancelled (12:01 a.m. standard time at the address of the insured as stated in said policy)

Countersigned at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ , \_\_\_\_\_

(Signature) \_\_\_\_\_  
Authorized Representative

Name of Person Signing \_\_\_\_\_  
Please Type