

PUBLIC UTILITIES COMMISSION

505 Van Ness Avenue
San Francisco, CA 94102-3298



PSG/VCC#: _____

CARRIER NAME: _____

EMAIL ADDRESS: _____

PUC WORKERS' COMPENSATION REPORT

FOR PERIOD OF: January 1, 2019 To December 31, 2019

*** INCLUDE ALL EMPLOYEES AND OWNER-OPERATOR DRIVERS HIRED OR ENGAGED DURING THE 2019 CALENDAR YEAR. REFER TO THE ATTACHED SHEET FOR A DEFINITION OF EMPLOYEES. REFER TO OTHER SIDE FOR A LIST OF CLASSIFICATIONS.**

<u>* CODE</u>	<u>JOB CLASSIFICATION</u>	<u>TOTAL NUMBER OF EMPLOYEES IN THIS JOB CLASSIFICATION</u>	<u>TOTAL ANNUAL SALARIES PAID DURING 2019 FOR THIS JOB CLASS</u>
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*** SEPARATE EMPLOYEE'S PAYROLL FROM OWNER OPERATOR'S**

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<u>WORKERS' COMPENSATION INSURANCE CARRIER</u>			<u>POLICY NUMBER</u>
<u>(ADDRESS)</u>	<u>(CITY)</u>	<u>(STATE)</u>	<u>(ZIP)</u>

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<u>ADMINISTRATOR OF WORKERS' COMPENSATION SELF-INSURANCE PLAN (IF SELF-INSURED)</u>			
<u>(ADDRESS)</u>	<u>(CITY)</u>	<u>(STATE)</u>	<u>(ZIP)</u>

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CERTIFICATION

I certify that the information I have provided on this form is true and correct to the best of my knowledge and belief. Where the CPUC operating authority is held by a corporation, I further certify that I am an officer of the corporation and am authorized to make this certification on its behalf. I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

(SIGNATURE)

(TELEPHONE NUMBER)

(DATE)

TITLE (IF SIGNED BY CORPORATE OFFICER)

USE ADDITIONAL PAGES
IF NECESSARY

Please return this copy and make a copy for your records.