

T-4*

PUBLIC UTILITIES COMMISSION OF THE STATE OF CALIFORNIA

Resolution TL- 18304
Transportation Division

RESOLUTION PROVIDING FOR CERTIFICATES OF WORKERS' COMPENSATION
INSURANCE COVERAGE, CANCELLATION, AND REINSTATEMENT

In the 1988 legislative year, AB 3490 (Moore) was passed and signed by the governor. AB 3490 requires new and existing highway common carriers, cement carriers, and highway permit carriers employing workers to file certificates of workers' compensation insurance coverage with the Commission.

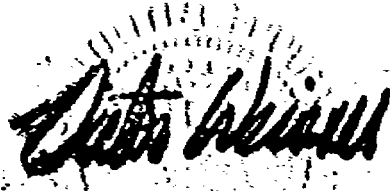
The Commission passed Resolution TL-18271 to implement the workers' compensation provisions of AB 3490. Attached to Resolution TL-18271 was a certificate of workers' compensation insurance, which had been prepared by the Transportation Division Staff. It appears that the form of the certificate should be improved in certain respects. Accordingly, Transportation Division Staff is authorized to revise the certificate and other related workers' compensation forms in compliance with requirements of AB 3490 (Moore 1988) and require insurance companies to make their workers compensation insurance filings on the revised forms. Further, to implement AB 3490, Staff is also authorized to promulgate forms providing for the cancellation and reinstatement of certificates of workers' compensation coverage.

This resolution is effective today.

I certify that this resolution was adopted by the Public Utilities Commission on JUN 21 1989.

The following Commissioners approved it.

G. MITCHELL WILK
President
FREDERICK R. DUDA
STANLEY W. HULETT
JOHN B. OHANIAN
PATRICIA M. ECKERT
Commissioners


Executive Director

This Space for P.U.C.
DATE Received

BE SURE TO INDICATE
P.U.C. FILE NUMBER

CERTIFICATE OF WORKERS' COMPENSATION INSURANCE
Filed with
Public Utilities Commission of
The State of California
San Francisco, California

THIS IS TO CERTIFY, THAT the _____
(Name of Insurance Company)

(hereinafter called Company) at _____
(California Address of Company)

has issued to _____
(Name of Motor Carrier)

(Address of Motor Carrier)

a valid Workers' Compensation insurance policy approved by the California Insurance Commissioner covering all the motor carrier's employees.

This certificate is 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 _____
, 19____

(Signature) _____
(Authorized Representative)

Name of Person Signing _____
(Please Type)

This Space for P.U.C.
DATE Received

BE SURE TO INDICATE
P.U.C. FILE NUMBER

NOTICE OF REINSTATEMENT OF WORKERS' COMPENSATION INSURANCE
Filed with
Public Utilities Commission of
The State of California
San Francisco, California

To Public Utilities Commission of the State of California
San Francisco, California

You are hereby notified that Policy No. _____, issued
to _____
(Name of Insured)

(Address of Insured)

which was cancelled by the Notice of Cancellation, countersigned
on _____, 19____, is hereby REINSTATED
(Date)

on the _____ day of _____, 19____,
12:01 a.m., standard time at the address of the Insured as stated
in said policy, said reinstatement to include any and all
endorsements attached to said policy or issued in connection
therewith, and any and all certificates of workers' compensation
insurance filed with the Public Utilities Commission of the State
of California under said policy on behalf of this insured which
were in effect at the time the Notice of Cancellation was given to
said Commission.

NAME OF COMPANY _____

Countersigned at _____

this _____ day of _____, 19____

(Signature) _____
(Authorized Representative)

Name of Person Signing _____
(Please Type)

This Space for P.U.C.
DATE Received _____

BE SURE TO INDICATE
P.U.C. FILE NUMBER

NOTICE OF CANCELLATION OF WORKERS' COMPENSATION INSURANCE
Filed with
Public Utilities Commission of
The State of California
San Francisco, California

To Public Utilities Commission of the State of California
San Francisco, California

You are hereby notified that the Certificate of Workers'
Compensation Insurance coverage previously filed with the
California Public Utilities Commission under Policy
No. _____ issued on behalf of _____

(Name of Insured)

(Address of Insured)

in so far as it pertains to the above-named Insured, is hereby
CANCELLED effective as of the _____ day of _____,
19_____ 12:01 a.m. standard time at the address of the
Insured, provided that if said date is less than thirty (30) days
after the receipt of this notice by the Public Utilities
Commission of the State of California at its office in San
Francisco, California, cancellation shall then be effective
thirty (30) days after receipt of this notice by said Commission,
at 12:01 a.m. standard time at the address of the insured.

Nothing in this notice of cancellation shall be construed to
limit, restrict or cancel any coverage for any other insured
otherwise provided by said policy.

NAME OF COMPANY _____

Countersigned at _____

this _____ day of _____, 19 _____

(Signature) _____
(Authorized Representative)

Name of Person Signing _____
(Please Type)