

# PUC WORKERS' COMPENSATION REPORT

FOR PERIOD OF: January 1, 2015 To December 31, 2015

**\* INCLUDE ALL EMPLOYEES AND OWNER-OPERATOR DRIVERS HIRED OR ENGAGED DURING THE 2015 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 2015 FOR THIS JOB CLASS</u>
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\* SEPARATE EMPLOYEE'S PAYROLL FROM OWNER OPERATOR'S

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\_\_\_\_\_  
WORKERS' COMPENSATION INSURANCE CARRIER

\_\_\_\_\_  
POLICY NUMBER

\_\_\_\_\_  
(ADDRESS)

\_\_\_\_\_  
(CITY)

\_\_\_\_\_  
(STATE)

\_\_\_\_\_  
(ZIP)

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\_\_\_\_\_  
ADMINISTRATOR OF WORKERS' COMPENSATION SELF-INSURANCE PLAN  
(IF SELF-INSURED)

\_\_\_\_\_  
(ADDRESS)

\_\_\_\_\_  
(CITY)

\_\_\_\_\_  
(STATE)

\_\_\_\_\_  
(ZIP)

### 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)

\_\_\_\_\_  
PRINT NAME AND TITLE

USE ADDITIONAL PAGES  
IF NECESSARY

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