PUBLIC UTILITIES COMMISSION OF THE STATE OF CALIFORNIA LIMITED LIABILITY COMPANY EXCLUSION WAIVER

PLEASE TYPE OR PRINT

Name of Carrier:		
As shown on yo	our permit, certificate, or application	
Passenger: PSG	Vessel: VCC	
All manager(s)-member(s) requesting exclusion	on	
Pursuant to California Labor Code §§3351 and 33 following may elect to be excluded from workers'	352, as amended by Assembly Bill 2883, effective Jacompensation insurance coverage:	anuary 1, 2017, the
elects to be excluded by executing a written waiv	ership or a managing member of a limited liability co er of his or her rights under the laws governing work a qualifying officer or director, or a qualifying general	ers' compensation,
ACKNOWLEDGEMENT		
I/we acknowledge that this exclusion does not rel excluded individuals as employees under workers	ieve the limited liability company of any liability which compensation or employer's liability laws.	h may exist for
	y submitting an amended form TL706K-LLC and a c h, and endorsed by, the California Secretary of State	
	that we have read and understand the above require coverage. I/we certify (or declare), under penalty	ement regarding
The following manager(s)-member(s) wish(s) to bworkers' compensation. Please print and sign yo	e excluded under the compensation provisions of th ur name, then enter the signature date below.	e laws governing
PRINT MANAGER-MEMBER'S NAME	MANAGER-MEMBER'S SIGNATURE	DATE
PRINT MANAGER-MEMBER'S NAME	MANAGER-MEMBER'S SIGNATURE	DATE
PRINT MANAGER-MEMBER'S NAME	MANAGER-MEMBER'S SIGNATURE	DATE
PRINT MANAGER-MEMBER'S NAME	MANAGER-MEMBER'S SIGNATURE	DATE
PRINT MANAGER-MEMBER'S NAME	MANAGER-MEMBER'S SIGNATURE	 DATE

(For more manager-member names, additional pages may be used)