

This Space for P.U.C.  
Date Received

**NOTICE OF  
CANCELLATION OF WORKERS' COMPENSATION  
INSURANCE**

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

Filed with  
**PUBLIC UTILITIES COMMISSION OF THE  
STATE OF CALIFORNIA  
SAN FRANCISCO, CALIFORNIA**

FOR HIGHWAY COMMON CARRIERS, CEMENT CARRIERS, HIGHWAY PERMIT CARRIERS, HOUSEHOLD GOODS CARRIERS,  
CHARTER-PARTY CARRIERS OF PASSENGERS AND PASSENGER STAGE CORPORATIONS  
(HEREINAFTER CALLED COMMISSION-REGULATED CARRIERS)

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 \_\_\_\_\_, \_\_\_\_\_  
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 \_\_\_\_\_, \_\_\_\_\_

(Signature) \_\_\_\_\_

(AUTHORIZED REPRESENTATIVE)

Name of Person Signing \_\_\_\_\_

(PLEASE TYPE)