



P.O. BOX 420807, SAN FRANCISCO, CA 94142-0807

CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

ISSUE DATE: 10-01-2011

GROUP:
POLICY NUMBER: 1806226-2011
CERTIFICATE ID: 7
CERTIFICATE EXPIRES: 10-01-2012
10-01-2011/10-01-2012

CONTRACTORS STATE LICENSE BOARD
WORKERS COMP--APPLICATION-EXAM UNIT
PO BOX 269074
SACRAMENTO CA 95826-9074

SC

LIC PERMIT#: 617830
INCEPTION DATE: 10-01-2011
DO:SC

This is to certify that we have issued a valid Workers' Compensation insurance policy in a form approved by the California Insurance Commissioner to the employer named below for the policy period indicated.

This policy is not subject to cancellation by the Fund except upon 30 days advance written notice to the employer.

We will also give you 30 days advance notice should this policy be cancelled prior to its normal expiration.

This certificate of insurance is not an insurance policy and does not amend, extend or alter the coverage afforded by the policy listed herein. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate of insurance may be issued or to which it may pertain, the insurance afforded by the policy described herein is subject to all the terms, exclusions, and conditions, of such policy.

James Neary
Authorized Representative

Thomas E. Rone
President and CEO

EMPLOYER'S LIABILITY LIMIT INCLUDING DEFENSE COSTS: \$1,000,000 PER OCCURRENCE.

ENDORSEMENT #1600 - WILLIAM LITTLEFIELD, PRES, SEC, TRES - EXCLUDED.

ENDORSEMENT #2065 ENTITLED CERTIFICATE HOLDERS' NOTICE EFFECTIVE 10-01-2007 IS ATTACHED TO AND FORMS A PART OF THIS POLICY.

EMPLOYER

UNIVERSAL REMODELING INC
9135 RESEDA BLVD STE A
NORTHRIDGE CA 91324

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