



P.O. BOX 8192, PLEASANTON, CA 94588

**CERTIFICATE OF WORKERS' COMPENSATION INSURANCE**GROUP:  
POLICY NUMBER: **9225598****CONTRACTORS STATE LICENSE BOARD  
WORKERS COMPENSATION UNIT  
PO BOX 26000  
SACRAMENTO CA 95826-0026****SC****LIC PERMIT#: 1018782**

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 **10** days advance written notice to the employer.

We will also give you **10** 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.

A handwritten signature in black ink, appearing to read "Kent R. LaRue".

Authorized Representative

A handwritten signature in black ink, appearing to read "Vernon Hein".

President and CEO

**EMPLOYER'S LIABILITY LIMIT INCLUDING DEFENSE COSTS: \$1,000,000 PER OCCURRENCE.****ENDORSEMENT #1650 - WEINSTOCK, SCOTT PRES SEC TRES - EXCLUDED.**EMPLOYER  
Star West Plumbing, Inc.  
7350 Hazeltine Ave, Suite 45  
Van Nuys, CA 91405