

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

FUND CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

ISSUE DATE: 01-18-2005

GROUP: 000229
POLICY NUMBER: 26704-2004
CERTIFICATE ID: 4
CERTIFICATE EXPIRES: 12-01-2005
12-01-2004/12-01-2005

CONTRACTORS STATE LICENSE BOARD
WORKERS COMPENSATION UNIT
P.O. BOX 26000
SACRAMENTO CA 95826

LICENSE NUMBER: 695712
INCEPTION DATE: 12-01-2004
D.O.: SC

This is to certify that we have issued a valid Worker's 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 hereir. 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 here in is subject to all the terms, exclusions, and conditions, of such policy.



AUTHORIZED REPRESENTATIVE



PRESIDENT

STANDARD POLICY EXCLUSIONS: INDIVIDUAL EMPLOYERS, HUSBAND AND WIFE EMPLOYERS, EMPLOYEES COVERED UNDER CPL INSURANCE AND EMPLOYEES EXCLUDED UNDER CALIFORNIA WORKERS COMPENSATION LAW.

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

ENDORSEMENT #2065 ENTITLED CERTIFICATE HOLDERS' NOTICE EFFECTIVE 12-01-2003 IS ATTACHED TO AND FORMS A PART OF THIS POLICY.

END OVER

BARAK PINHAS DBA: P R MARBLE
15216 HARTSOOK ST
SHERMAN OAKS CA 91403