

9803104  
58 St. Marie Cir.

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

**STATE  
COMPENSATION  
INSURANCE  
FUND**

**CERTIFICATE OF WORKERS' COMPENSATION INSURANCE**

OCTOBER 7, 1997

POLICY NUMBER: 713-97 UNIT 0002021  
CERTIFICATE EXPIRES: 10-1-98

DEPARTMENT OF CONSUMER AFFAIRS  
CONTRACTORS STATE LICENSE BOARD  
WORKERS COMPENSATION - UNIT  
P.O. BOX 26000 SACRAMENTO, CA 95826

JOB: LICENSE #557559  
POLICY INCEPTION: 10-1-97  
STATE FUND - SACRAMENTO

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 <sup>30</sup>30 days' advance written notice to the employer.

We will also give you <sup>5</sup>5 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 policies 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 may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions and conditions of such policies.

*Tom Hansen*  
AUTHORIZED REPRESENTATIVE

*K. Bollier*  
PRESIDENT

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

ENDORSEMENT #2065 ENTITLED CERTIFICATE HOLDERS' NOTICE EFFECTIVE 10/01/97 IS ATTACHED TO AND FORMS A PART OF THIS POLICY.

EMPLOYER

ZIMMERMAN ROOFING, INC.  
3560 RAMONA AVENUE  
SACRAMENTO CA 95826