



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

CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

ISSUE DATE: 08-01-2010

GROUP: 000238
POLICY NUMBER: 0006785-2010
CERTIFICATE ID: 8
CERTIFICATE EXPIRES: 08-01-2011
08-01-2010/08-01-2011

**CONTRACTORS STATE LICENSE BOARD
WORKERS COMPENSATION UNIT
PO BOX 26000
SACRAMENTO CA 95826-0026**

SC

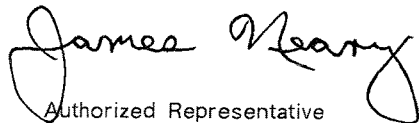
LIC PERMIT#: 634648
INCEPTION DATE: 08-01-2010
DO: SC


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 **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.


Authorized Representative


Interim President and CEO

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

ENDORSEMENT #1600 - STEUER, OFFER, P, S T - EXCLUDED.

EMPLOYER

**O T M DESIGNS & REMODELING, INC.
4717 VAN NUYS BLVD STE 208
SHERMAN OAKS CA 91403**

SC

[JAJ,CS]

PRINTED : 08-23-2010