

**STATE
COMPENSATION
INSURANCE
FUND**

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

CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

ISSUE DATE: 08-28-2009

 GROUP: 000238
 POLICY NUMBER: 0006785-2009
 CERTIFICATE ID: 8
 CERTIFICATE EXPIRES: 08-01-2010
 08-01-2009/08-01-2010

**THIS CERTIFICATE SUPERSEDES AND CORRECTS
 CERTIFICATE # 7 DATED 08-28-2009**
**CONTRACTORS STATE LICENSE BOARD
 WORKERS COMPENSATION UNIT
 PO BOX 26000
 SACRAMENTO CA 95826-0026**

SC

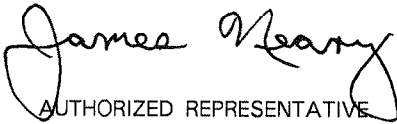
**LIC PERMIT#: 634648
 INCEPTION DATE: 08-01-2009
 DO: SC**

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



PRESIDENT

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

[RCD,CN]



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James Neary
AUTHORIZED REPRESENTATIVE

Janet Frank
PRESIDENT

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