



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

## CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

ISSUE DATE: 10-01-2010

GROUP: 000497  
 POLICY NUMBER: 0001789-2010  
 CERTIFICATE ID: 1  
 CERTIFICATE EXPIRES: 10-01-2011  
 10-01-2010/10-01-2011

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

SP

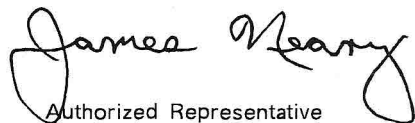
LICENSE NUMBER: LICENSE # 809158  
 INCEPTION DATE: 10-01-2010  
 DO: SP

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 - PANIAGUA, LISA, SECRETARY - EXCLUDED.

ENDORSEMENT #1600 - PANIAGUA, PAUL, PRESIDENT TREASURER - EXCLUDED.

EMPLOYER

ALL PRO BUILDERS, INC  
 1400 W COMMONWEALTH AVE  
 FULLERTON CA 92833

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