

CERTHOLDER COPY



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

**CERTIFICATE OF WORKERS' COMPENSATION INSURANCE**

ISSUE DATE: 05-05-2008

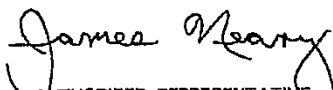
GROUP: 000044  
POLICY NUMBER: 0028492-2007  
CERTIFICATE ID:  
CERTIFICATE EXPIRES: 02-01-2009  
02-01-2008/02-01-2009

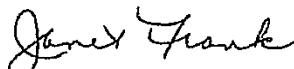
This is to certify that we have issued a valid Workers' Compensation insurance policy in a form approved by the California Insurance Commissioner to the employer named below for the policy period indicated.

This policy is not subject to cancellation by the Fund except upon 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 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 #2065 ENTITLED CERTIFICATE HOLDERS' NOTICE EFFECTIVE 02-01-2008 IS ATTACHED TO AND FORMS A PART OF THIS POLICY.

EMPLOYER

LA ROCQUE BETTER ROOFS, INC  
9077 ARROW RTE STE 100  
RANCHO CUCAMONGA CA 91730

[B1J,SK]