

**STATE
COMPENSATION
INSURANCE
FUND**

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

CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

JANUARY 14, 1993

POLICY NUMBER: 1112373-93
CERTIFICATE EXPIRES: 01-01-94

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JAN 19 11 01 AM '93

COUNTY OF ALAMEDA
HEALTH CARE SERVICES
DEPT. OF ENVIRONMENTAL HEALTH &
HAZARDOUS MATERIALS
80 SWAN WAY RM 200
OAKLAND, CA 94621

ATTN: RON OCARZ

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 ten days' advance written notice to the employer.

We will also give you TEN 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.


PRESIDENT

EMPLOYER

D.I. CHADBOURNE, INC.
PO BOX 2524
OAKLAND, CA 94614