



CONTRACTORS STATE LICENSE BOARD

9821 Business Park Drive, Sacramento, California 95827

Mailing Address: P.O. Box 26000, Sacramento, CA 95826

800.321.CSLB (2752) | www.cslb.ca.gov | CheckTheLicenseFirst.com

STATE OF CALIFORNIA

Governor Gavin Newsom

Thank you for using the Workers Compensation on-line submission process. If you would like to leave feedback about this process, please go to http://web.cslb.ca.gov/About_Us/Website_Feedback.aspx to help us improve.

1) If you chose to submit the Workers Compensation information at this time:

The policy information you provided has been directly entered into the CSLB License or Application record. Please do not send another copy of the same document by email, fax or mail, as this WILL cause delays. A For Your Records copy of the completed form is attached to this transmission.

2) If you did not submit the Workers Compensation information at this time and decide to mail the document manually, the PDF is attached below. Please note that an authorized representatives signature is required, or the form will be returned. Please mail the document to:

Contractors State License Board
Workers' Compensation Unit
P.O. Box 26000
Sacramento, CA 95826



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Date Created 11/30/2020

Workers' Compensation Insurance

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER: Beach & O'Neill Insurance, 7520 Greenback Lane, Citrus Heights, CA 95610. AGENT/BROKER NUMBER: 0K07568. CONTACT NAME: Allyssa Ostergren. PHONE (A/C. No. Ext): 9166760844. E-MAIL: aostergren@beachandoneill.com. INSURED: MID - STATE CONSTRUCTION, P O BOX 3440, OAKHURST, CA 93644. INSURER A: STATE COMPENSATION INSURANCE FUND. NAIC #: 35076.

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

Table with columns: INSR LTR, TYPE OF INSURANCE, ADDL SUBR INSD WVD, POLICY NUMBER, POLICY EFF (MM/DD/YYYY), POLICY EXP (MM/DD/YYYY), LIMITS. Row 1: A, WORKERS COMPENSATION AND EMPLOYERS' LIABILITY, N/A, 9137334, 12/01/2020, 12/01/2021.

Contractors license number or application fee number of insured: License Number: 851481

Comments

CERTIFICATE HOLDER: Contractors State License Board, P.O. Box 26000, Sacramento, CA 95826. CANCELLATION: SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE: Allyssa Ostergren.

