



P.O. BOX 8192, PLEASANTON, CA 94588

CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

ISSUE DATE: 02-01-2014

GROUP:
 POLICY NUMBER: 1605890-2014
 CERTIFICATE ID: 4
 CERTIFICATE EXPIRES: 02-01-2015
 02-01-2014/02-01-2015

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

NA

LICENSE NUMBER: #272241
 INCEPTION DATE: 02-01-2014
 DO: NA

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 and CEO

EMPLOYER'S LIABILITY LIMIT INCLUDING DEFENSE COSTS: \$1,000,000 PER OCCURRENCE.

ENDORSEMENT #1600 - MARC MICHAEL CAPOCCI, PRES - EXCLUDED.

ENDORSEMENT #1600 - CHARLES SUTTER, VICE PRESIDENT - EXCLUDED.

ENDORSEMENT #1600 - CARMEN SUTTER, SECRETARY - EXCLUDED.

ENDORSEMENT #2065 ENTITLED CERTIFICATE HOLDERS' NOTICE EFFECTIVE 02-01-2003 IS ATTACHED TO AND FORMS A PART OF THIS POLICY.

EMPLOYER

ATLAS GLASS CO , INC DBA: ATLAS GLASS CO , INC
 67 MERCURY AVE
 TIBURON CA 94920

[DEC,CN]