



P.O. BOX 8192, PLEASANTON, CA 94588

CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

ISSUE DATE: 04-05-2017

GROUP:
 POLICY NUMBER: 9151805-2016-2
 CERTIFICATE ID: 20
 CERTIFICATE EXPIRES: 10-01-2017
 10-01-2016/10-01-2017

COUNTY OF LOS ANGELES
 DEPARTMENT OF PUBLIC WORKS
 900 S FREMONT AVE
 ALHAMBRA CA 91803-1331

SC

JOB: CONTRACT NUMBER PW15021 RP 8ED7739959

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 #0015 ENTITLED ADDITIONAL INSURED EMPLOYER EFFECTIVE 2016-11-21 IS ATTACHED TO AND FORMS A PART OF THIS POLICY. NAME OF ADDITIONAL INSURED: COUNTY OF LOS ANGELES

ENDORSEMENT #1600 - BOHNING, DESIREE PRESIDENT TREASURER - EXCLUDED.

ENDORSEMENT #1600 - BOHNING, WILLIAM VICE PRESIDENT SECRETARY - EXCLUDED.

ENDORSEMENT #2065 ENTITLED CERTIFICATE HOLDERS' NOTICE EFFECTIVE 10-01-2016 IS ATTACHED TO AND FORMS A PART OF THIS POLICY.

EMPLOYER

ENVIRONMENTAL NETWORK CORPORATION DBA: ENCORP
 16700 VALLEY VIEW AVE STE 100
 LA MIRADA CA 90638

[VR1,CN]



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President and CEO

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