



February 07, 2011

CEN CAL DEMOLITION INC  
3299 S CEDAR AVE

FRESNO, CA 93725-2320

Re: Barrett Business Services, Inc. ("BBSI")  
Letter of Self-Insurance for Workers' Compensation Coverage  
For CEN CAL DEMOLITION INC, CSLB license number 890315

As the named addressee of this Letter, your company's required workers' compensation coverage is provided through BBSI's state approved Self-Insured Workers' Compensation Plan. As a party to a co-employment contract with BBSI, which is effective from 5/1/2010 to 4/30/2011, California Labor Code §3602 allows CEN CAL DEMOLITION INC to obtain its workers' compensation coverage from BBSI.

BBSI's California customers can also verify BBSI's state certification at [www.dir.ca.gov/SIP/sip.html](http://www.dir.ca.gov/SIP/sip.html); next, click on "Rosters"; then click on Private self insured employers; then scroll down to Barrett (the list is alpha by company name). Additional information is as follows:

Self-Insurance Certification Number:

California:	2246
Oregon:	1068
Washington:	706, 116
Delaware:	152
Maryland:	11365
Colorado:	463

Notice of Termination: In the event the contract between BBSI and CEN CAL DEMOLITION INC is terminated, BBSI must provide notice of the termination within seven (7) days to the California Contractors State License Board ("CSLB").

Other Comments (place an "X" if applicable):

- Named "Letter Holder": Cen Cal Demolition Inc. 3299 S. Cedar Ave Fresno, CA 93725-2320
- Other: BBSI will make every effort to provide a ten day notice to the letter holder in the event of a policy cancellator

Additionally, BBSI's self-insured program is further supported by an excess workers' compensation insurance policy with American International Group (AIG), see accompanying certificate of insurance.

For additional information, please contact your local BBSI office at: (559) 431-5455 .

Very truly yours,

Michael L. Elich  
Vice President and Chief Operating Officer

BBSI Office: FRESNO

doc: LOSI-3

8100 NE Parkway Drive, Suite 200 Vancouver, Washington 98662 800.494.5669 360.828.0700 Fax 360.828.0701 [www.barrettbusiness.com](http://www.barrettbusiness.com)

**CERTIFICATE OF LIABILITY INSURANCE**

Issue Date:

<p><b>PRODUCER</b>                  Ron Graybeal                  Beecher Carlson Insurance Agency                  220 NW 2nd Avenue, Suite 800                  Portland, OR 97209-3951</p>	<p>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.</p> <p>IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must 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).</p>
<p><b>INSURED</b>                  Barrett Business Services, Inc.                  8100 NE Parkway, Suite 200                  Vancouver, WA 98662</p> <p>And all insureds as defined by a co-employer contract incl.: CEN CAL DEMOLITION INC                  CSLB License No. 890315                  3299 S CEDAR AVE                  FRESNO, CA 93725-2320</p>	<p style="text-align: center;">COMPANIES AFFORDING COVERAGE</p> <p>COMPANY LETTER A National Union Fire Insurance Company of Pittsburg, PA                  COMPANY LETTER B                  COMPANY LETTER C                  COMPANY LETTER D                  COMPANY LETTER E</p>

**COVERAGES**  
 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 OF 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.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	EFFECTIVE DATE	EXPIRATION DATE	DESCRIPTION	LIMIT
	<input type="checkbox"/> GENERAL LIABILITY				GENERAL AGGREGATE	\$XXX,XXX
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY	Policy Number	Effective Date	Expiration Date	PRODUCTS-COMP/OPS AGGREGATE	\$XXX,XXX
	<input type="checkbox"/> CLAIMS MADE				PERSONAL & ADVERTISING INJURY	\$XXX,XXX
	<input type="checkbox"/> OCCUR				EACH OCCURRENCE	\$XXX,XXX
	<input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT.				FIRE DAMAGE (Any one fire)	\$XXX,XXX
					MEDICAL EXPENSE (Any one person)	\$XXX,XXX
	<input type="checkbox"/> AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT	\$XXX,XXX
	<input type="checkbox"/> ANY AUTO				BODILY INJURY(Per person)	\$XXX,XXX
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$XXX,XXX
	<input type="checkbox"/> SCHEDULE AUTOS				PROPERTY DAMAGE	\$XXX,XXX
	<input type="checkbox"/> HIRED AUTOS				COLLISION DEDUCTIBLE	\$XXX,XXX
	<input type="checkbox"/> NON-OWNED AUTOS				COMPREHENSIVE DEDUCTIBLE	\$XXX,XXX
	<input type="checkbox"/> GARAGE LIABILITY					
	<input type="checkbox"/> EXCESS LIABILITY				AGGREGATE	
	<input type="checkbox"/> UMBRELLA FORM				\$XXX,XXX	
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM					
	WORKERS' COMPENSATION				\$15,000,000	LIMIT
A	AND EMPLOYER'S LIABILITY	4880544	1/1/2011	1/1/2012	\$2,000,000	(EACH ACCIDENT)
					\$2,000,000	(DISEASE-POLICY LIMIT)
					\$2,000,000	(DISEASE-EACH EMPLOYEE)

**OTHER**  
 Covered states - CA, DE, OR, WA

**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)**  
 Limits shown are above a \$5,000,000 self-insured retention.

<p><b>CERTIFICATE HOLDER</b>                  This section intentionally left blank</p> <p>Contractors State License Board                  9821 Business Park Drive                  Sacramento, CA 95827</p>	<p><b>CANCELLATION</b></p> <p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORANCE WITH THE POLICY PROVISIONS.</p> <p>Authorized Representative                  R Graybeal, CPCU, ARM </p>
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