



CALIFORNIA INSURANCE COMPANY

NAIC No. 38865

10825 Old Mill Road, Omaha, Nebraska 68154

877-234-4420

WORKERS' COMPENSATION AND EMPLOYER'S LIABILITY INSURANCE POLICY

INFORMATION PAGE

Policy No. 46-002390-01-10

1. Insured **Bracho Marble & Granite, Inc.** Producer **AU Insurance Services**
and **DBA Bracho Marble & Granite** and **10825 Old Mill Rd**
Mailing **38456 Cedar Blvd # B** Mailing **Omaha, NE 68154**
Address **Newark, CA 94560** Address

Entity: **Corporation** Agent No.
FEIN: **562521593** Billing: **DIRECT BILL**
State No. Renewal of Policy No. 46-002390-01-09

See Additional Named Insured Endorsement and Locations Endorsement if attached.

2. The policy period is from **06/01/14 to 06/01/15 12:01 A.M.** Standard Time at the insured's mailing address.
3. A. Workers Compensation Insurance: Part One of the policy applies to the Workers Compensation Law of the states listed here:
CA
- B. Employers Liability Insurance: Part Two of the policy applies to work in each state listed in item 3.A. The limits of our liability under Part Two are:
- | | | |
|---------------------------|-------------|---------------|
| Bodily Injury by Accident | \$1,000,000 | each accident |
| Bodily Injury by Disease | \$1,000,000 | policy limit |
| Bodily Injury by Disease | \$1,000,000 | each employee |
- C. Other States Insurance: Part Three of the policy applies to all states except the states listed in item 3.A and the states of North Dakota, Ohio, Washington, and Wyoming.
- D. See attached list for endorsements and schedules.
4. The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans. All information listed on the Extension of Information page is subject to verification and change by audit.

See Extension of Information Page for premium rating schedule.

Minimum Premium	\$	5,000
Total Estimated Annual Premium	\$	34,259
Estimated Taxes and Assessments	\$	1,535

Issuing Office: **OMAHA, NE**

Countersigned by:

WC-00-00-01-A