



P.O. BOX 8192, PLEASANTON, CA 94588

## CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

ISSUE DATE: 01-01-2016

GROUP:  
 POLICY NUMBER: 9044287-2016  
 CERTIFICATE ID: 3  
 CERTIFICATE EXPIRES: 01-01-2017  
 01-01-2016/01-01-2017

WELLS FARGO DEALER SERVICES  
 6061 N STATE HIGHWAY 161  
 IRVING TX 75038-2242

NF

JOB: ALL CALIFORNIA JOBS

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 - BALDWIN, MIKE, P, S T - EXCLUDED.

ENDORSEMENT #2065 ENTITLED CERTIFICATE HOLDERS' NOTICE EFFECTIVE 01-01-2014 IS ATTACHED TO AND FORMS A PART OF THIS POLICY.

EMPLOYER

M. H. BALDWIN COMPANY, INC. DBA: THE BALDWIN  
 COMPANY  
 2255 CEMO CIR  
 GOLD RIVER CA 95670