

**STATE  
COMPENSATION  
INSURANCE  
FUND**

P.O. BOX 807, SAN FRANCISCO, CA 94142-0807

**CERTIFICATE OF WORKERS' COMPENSATION INSURANCE**

ISSUE DATE: 04-01-2003

GROUP:  
POLICY NUMBER: 1603984-2003  
CERTIFICATE ID: 25  
CERTIFICATE EXPIRES: 04-01-2004  
04-01-2003/04-01-2004

CITY OF FORT COLLINS, CO SP  
PO BOX 580  
FORT COLLINS CO 80522

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 policies 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 may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions and conditions of such policies.

*J. Andor*

AUTHORIZED REPRESENTATIVE

*Dianne C. Oki*

PRESIDENT

EMPLOYER'S LIABILITY LIMIT INCLUDING DEFENSE COSTS: \$1,000,000.00 PER OCCURRENCE.

ENDORSEMENT #2085 ENTITLED CERTIFICATE HOLDERS' NOTICE EFFECTIVE 04-01-2003 IS ATTACHED TO AND FORMS A PART OF THIS POLICY.

EMPLOYER

ECONOLITE CONTROL PRODUCTS, INC  
3360 E. LA PALMA AVE  
ANAHEIM CA 92806

LEGAL NAME

ECONOLITE CONTROL PRODUCTS INC AND/OR  
ECONOLITE TRAFFIC ENGINEERING & MAINT. I