

CERTIFICATE OF INSURANCE

ISSUE DATE
07/30/2007

PRODUCER
GEORGE L. BROWN INSURANCE AGENCY
 P.O. BOX 5060
 SAN CLEMENTE, CA 92674-5060
 (949) 361-1400
 FAX (949) 361-2767

Cert# 41893

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

COMPANIES AFFORDING COVERAGE

- COMPANY
A COLONY NATIONAL INS CO
- COMPANY
B ALLIED INSURANCE COMPANY
- COMPANY
C JAMES RIVER INSURANCE CO
- COMPANY
D

INSURED
R3 CONTRACTORS, INC.

2115 E. VIA BURTON
 ANAHEIM, CA 92805

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 OR 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 TR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	GENERAL LIABILITY				
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	AR6360208	JUL 26 07	JUL 26 08	GENERAL AGGREGATE \$ 2,000,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				PRODUCTS-COMP/OP AGG. \$ 2,000,000
A	OWNER'S & CONTRACTOR'S PROT.				PERSONAL & ADV INJURY \$ 1,000,000
	<input checked="" type="checkbox"/> PER PROJECT AGGREGATE				EACH OCCURRENCE \$ 1,000,000
					FIRE DAMAGE(Any One Fire) \$ 50,000
					MED. EXPENSE(Any One Person) \$ Excluded
	AUTOMOBILE LIABILITY				
	<input checked="" type="checkbox"/> ANY AUTO	ACP7802321230	SEP 22 07	SEP 22 08	COMBINED SINGLE LIMIT \$ 1,000,000
	ALL OWNED AUTOS				BODILY INJURY (Per Person) \$
B	SCHEDULED AUTOS				BODILY INJURY (Per Accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS				PROPERTY DAMAGE \$
	<input checked="" type="checkbox"/> NON-OWNED AUTOS				AUTO ONLY - EA ACCIDENT \$
					OTHER THAN AUTO ONLY:
					EACH ACCIDENT \$
					AGGREGATE \$
	EXCESS LIABILITY				
	<input type="checkbox"/> UMBRELLA FORM	X73212	APR 19 07	APR 19 08	EACH OCCURRENCE \$ 3,000,000
C	<input checked="" type="checkbox"/> OTHER THAN UMBRELLA FORM				AGGREGATE \$ 3,000,000
	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY				STATUTORY LIMITS
	THE PROPRIETOR/ PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL				EACH ACCIDENT \$
					DISEASE-POLICY LIMIT \$
					DISEASE-EACH EMPLOYEE \$
	OTHER				
	REVISED CERTIFICATE #37026 TO AMEND GENERAL LIABILITY AND UPDATE BUSINESS AUTO				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

ALAMITOS BUILDING, INC, THE OLSON COMPANY, OLSON URBAN HOUSING, L.P. OLSON URBAN HOUSING, LLC AND STEPHEN E. OLSON TRUST; MICHAEL R. DUNHAM ARE NAMED AS ADDITIONAL INSURED WITH RESPECTS TO GENERAL LIABILITY PER FORM U255(2/05) & U255CO(4/05) AND AUTO LIABILITY PER FORM CA2048 (02/99) BUT ONLY INsofar AS THE OPERATIONS UNDER CONTRACT

CERTIFICATE HOLDER

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT.

10-DAY NOTICE OF CANCELLATION APPLIES FOR NON-PAYMENT OF PREMIUM

AUTHORIZED REPRESENTATIVE

Dem Bruse