

Workers Compensation and Employers Liability
Insurance Policy Information Page

Preferred Employers
INSURANCE COMPANY

A Stock Insurance Company
Corporate Offices: San Diego, CA
Carrier Code: 10900

Policy Number: WKN 112244-9

Renewal of: WKN 112244-8

FEIN: 68-0318675

1. The Insured Name & Mailing Address:

SIERRA PROPERTY MANAGEMENT, INC.
8084 OLD AUBURN ROAD
SUITE " A "
CITRUS HEIGHTS, CA 95610

Type of Entity: Corporation

Other Insured Names/Workplaces not shown above: See attached schedule"

2. Policy Period: This policy is effective from 09/01/10 to 09/01/11 12:01 A.M.

3. Coverage:

A. Workers Compensation Insurance: Part One on the policy applies to Workers Compensation Law of the state(s) listed here: California

B. Employers Liability Insurance : Part Two of the policy applies to work in each state listed in Item 3. 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.

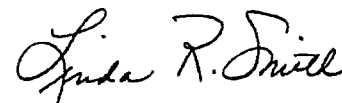
C. Other States Insurance: Part Three of the policy applies to the states, if any, listed here:
NONE

D. Endorsements and schedules included with this policy:
PEI101, PEI102, PEI107, PEI110, PEI111, PEI119, PEI127, PEI201, PN049901C,
PN049902B, WC040104, WC040416

Producer: INTERWEST - SACRAMENTO
3636 AMERICAN RIVER DRIVE, 2ND FLOOR
SACRAMENTO, CA 95864

(800) 444 - 4134

Issue Date: 07/20/10 at SAN DIEGO, CA



Authorized Representative