



## CONTRACTORS STATE LICENSE BOARD

9821 Business Park Drive, Sacramento, California 95827  
Mailing Address: P.O. Box 26000, Sacramento, CA 95826  
800-321-CSLB (2752)  
[www.cslb.ca.gov](http://www.cslb.ca.gov)

STATE OF CALIFORNIA  
Governor Edmund G. Brown Jr.

TECH CONTROLS INC  
24307 MAGIC MTN PKWY #380  
VALENCIA, CA 91355

DATE: 04/18/2011

LICENSE: 763268

### NOTICE OF INTENT TO SUSPEND LICENSE

Dear Licensee:

The Contractor's State License Board (CSLB) has received notification of the expiration of your workers' compensation insurance policy.

By law, licensees who hold an active license and hire employees must have a Workers' Compensation Certificate of Insurance on file with CSLB as a condition of continued maintenance of the license. Our records reflect you are not in compliance with this requirement.

If you do not employ any person in any manner to be subject to the Workers' Compensation laws of California, you must complete and submit an Exemption from Workers' Compensation Certification (Form 13L-50). You can obtain this form from our website at [www.cslb.ca.gov](http://www.cslb.ca.gov) or by contacting our office at the phone number shown above. Do not complete an exemption certificate if you are required to have workers' compensation coverage.

**If an acceptable certificate of insurance or exemption certificate is not received within 30 days from the date of this notice, your license will be retroactively suspended effective April 13, 2011, the expiration date of your coverage. Our license information records, automated phone response system and internet site will reflect the retroactive suspension of your license. The suspension will remain in effect until a valid certificate of insurance or exemption certificate is received. If the effective date of the new certificate of insurance or exemption certificate is after the expiration date, CSLB records will reflect a break in coverage.**

If you have any questions regarding this notice, please contact our office.

Sincerely,

The Workers Compensation Unit

**NOTE:** The business name and license number on the document you submit must be identical to the business name and license number shown on this letter.



\*T-WC-INTNT-LTR\*

13S-11 (Rev. 01/2011)



\*763268\*



\*04/18/2011\*



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Mailing Address: P.O. Box 26000, Sacramento, CA 95826  
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[www.cslb.ca.gov](http://www.cslb.ca.gov) • [CheckTheLicenseFirst.com](http://CheckTheLicenseFirst.com)

STATE OF CALIFORNIA  
Governor Edmund G. Brown Jr.

April 12, 2011

TECH CONTROLS INC  
24307 MAGIC MOUNTAIN PKWY #380  
VALENCIA, CA 91355

License #: 763268

Dear Licensee: The attached copy of your workers compensation certificate is unacceptable. Your insurance company must provide a corrected original certificate to amend all of the errors / omissions noted below.

- ☐ The business name on the certificate is incorrect. Have your insurance company check our website, [www.cslb.ca.gov](http://www.cslb.ca.gov), to confirm the business name. The business name on the certificate must match CSLB records.
- ☒ The insurance company name on the certificate is incorrect. CSLB requires the correct name of the carrier as it is registered with the California Department of Insurance. *Do not list a parent or brokerage company name.*
- ☐ Show the certificate holder as: Contractors State License Board, PO Box 26000, Sacto., CA 95826.
- ☐ Pursuant to Business & Professions Code §7125, the contractor's name must be in the "Insured" box.
- ☐ The attached workers compensation certificate cannot be processed. This license is no longer renewable because it is expired more than 5 years. To reinstate this license, you must reapply.
- ☐ The signature of an authorized representative is needed on the certificate.
- ☐ The effective date and expiration date listed on the certificate cannot be the same date.
- ☐ Out-of-state certificates are not acceptable unless accompanied by the enclosed Exemption from Workers Compensation form, stating there are no California employees.
- ☐ The enclosed certificate was issued for your joint venture license. A new certificate is needed for the license number listed above.
- ☐ CSLB cannot accept the enclosed Acord form. State Compensation Insurance Fund (SCIF) policies must be written on the SCIF approved certificate of insurance form.
- ☐ You must submit the actual workers compensation certificate of insurance. We cannot accept a binder or a information page in lieu of the required certificate.
- ☐ This certificate reflects a prior year. Please submit a certificate for the current policy year.
- ☐ CSLB has received information from your insurance carrier indicating a possible change in your business entity. Your license is a sole ownership entity. To conduct construction business using any other entity, you must obtain a new license. If your business entity has not changed, contact your insurance carrier to correct the business name on the certificate.
- ☐ To reapply / obtain a new license, visit our website for an Application for Original Contractors License.
- ☐ The certificate of insurance submitted to CSLB indicates the insured is a leasing company. A Responsible Managing Employee (RME) qualifies this license. Because the RME is a direct employee of this licensed business, a Modification Addendum must accompany the enclosed certificate. A sample addendum is attached. A completed addendum signed by you and the leasing company is required.
- ☐ Other:

Sincerely,

Christopher Raymond, Program Technician  
Workers Compensation Unit  
(916) 255-1104

Email corrections to: [workerscomp@cslb.ca.gov](mailto:workerscomp@cslb.ca.gov)





# CERTIFICATE OF LIABILITY INSURANCE

LOLA

DATE(MM/DD/YYYY)

3/28/2011

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER License # 0c63766  
Irashears Insurance Agency Inc  
West Carrillo St. Suite 212  
Santa Barbara, CA 93101

## CONTACT

NAME:

PHONE (A/C, No., Ext): (805) 564-7645

FAX

(A/C, No.): (805) 564-7666

E-MAIL:

ADDRESS:

PRODUCER ID # TECHCON-01

CUSTOMER ID #

## INSURER(S) AFFORDING COVERAGE

NAIC #

INSURED

Tech Controls, Inc.  
24307 Magic Mountain Pkwy #380  
Valencia, CA 91355

INSURER A: Hartford Mutual Insurance Co.

INSURER B:

INSURER C:

INSURER D:

INSURER E:

INSURER F:

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

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.

NSR	TYPE OF INSURANCE	ADDITIONAL INSURER	SUBROGATION	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
TR	GENERAL LIABILITY						EACH OCCURRENCE \$
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						MED EXP (Any one person) \$
							PERSONAL & ADV INJURY \$
							GENERAL AGGREGATE \$
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$
	<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS						\$
	<input type="checkbox"/> NON-OWNED AUTOS						\$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	<input type="checkbox"/> EXCESS LIAB						AGGREGATE \$
	<input type="checkbox"/> CLAIMS-MADE						\$
	DEDUCTIBLE						\$
	RETENTION \$						\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			72WECDD3560	4/13/2011	4/13/2012	X WC STATUTORY LIMITS OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N	N/A				E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
License# 763268

## CERTIFICATE HOLDER

Contractors State License Board  
P.O. Box 26000  
Sacramento, CA 95826

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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