



P.O. BOX 420807, SAN FRANCISCO, CA 94142-0807

CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

ISSUE DATE: 04-01-2011

GROUP:
 POLICY NUMBER: 1409432-2011
 CERTIFICATE ID: 30
 CERTIFICATE EXPIRES: 04-01-2012
 04-01-2011/04-01-2012

COUNTY OF SAN BERNARDINO
 WORKFORCE DEVELOPMENT DEPT
 215 N D ST STE 301
 SAN BERNARDINO CA 92401-1731

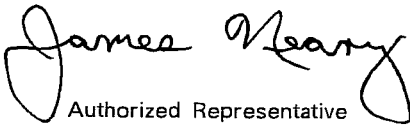
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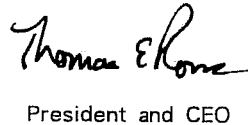
This is to certify that we have issued a valid Workers' Compensation insurance policy in a form approved by the California Insurance Commissioner to the employer named below for the policy period indicated.

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 #0015 ENTITLED ADDITIONAL INSURED EMPLOYER EFFECTIVE 2009-04-01 IS ATTACHED TO AND FORMS A PART OF THIS POLICY. NAME OF ADDITIONAL INSURED: COUNTY OF SAN BERNARDINO

ENDORSEMENT #1600 - JUDY TAKANO, S T - EXCLUDED.

ENDORSEMENT #1600 - TERESA TAYLOR, PRES - EXCLUDED.

ENDORSEMENT #2065 ENTITLED CERTIFICATE HOLDERS' NOTICE EFFECTIVE 04-01-2003 IS ATTACHED TO AND FORMS A PART OF THIS POLICY.

EMPLOYER

CAREER INSTITUTE INC DBA: CAREER INSTITUTE
 10722 ARROW RTE STE 808
 RANCHO CUCAMONGA CA 91730

MO409

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