



WORKERS COMPENSATION APPLICATION

DATE (MM/DD/YYYY)

08/06/2024

AGENCY NAME AND ADDRESS Capital Providers Insurance License #0H52316 20750 Ventura Blvd., Ste 305 Woodland Hills CA 91364		COMPANY: Submission Company/Wholesaler	
PRODUCER NAME:		UNDERWRITER:	
CS REPRESENTATIVE NAME: Odelia Samya		APPLICANT NAME: RB Construction Inc.	
OFFICE PHONE (A/C, No, Ext): (818) 676-0016		OFFICE PHONE: (510) 683-8780	MOBILE PHONE:
MOBILE PHONE:		MAILING ADDRESS (including ZIP + 4 or Canadian Postal Code) 893 Boggs Terrace	
FAX (A/C, No): (818) 676-0015		YRS IN BUS: 34	
E-MAIL ADDRESS: Que@CPISGroup.com		SIC:	
CODE:		NAICS:	
SUB CODE:		WEBSITE ADDRESS:	
AGENCY CUSTOMER ID: 00011041		E-MAIL ADDRESS: rbconst@pacbell.net	
CREDIT BUREAU NAME:		ID NUMBER:	
FEDERAL EMPLOYER ID NUMBER		NCCI RISK ID NUMBER	OTHER RATING BUREAU ID OR STATE EMPLOYER REGISTRATION NUMBER
680237646			4-72-93-95

STATUS OF SUBMISSION		BILLING / AUDIT INFORMATION	
<input checked="" type="checkbox"/> QUOTE	<input type="checkbox"/> ISSUE POLICY	BILLING PLAN	PAYMENT PLAN
<input type="checkbox"/> BOUND (Give date and/or attach copy)		<input type="checkbox"/> AGENCY BILL	<input type="checkbox"/> ANNUAL
<input type="checkbox"/> ASSIGNED RISK (Attach ACORD 133)		<input checked="" type="checkbox"/> DIRECT BILL	<input type="checkbox"/> SEMI-ANNUAL
			<input type="checkbox"/> QUARTERLY % DOWN:
			AUDIT
			<input type="checkbox"/> AT EXPIRATION <input type="checkbox"/> MONTHLY
			<input type="checkbox"/> SEMI-ANNUAL
			<input type="checkbox"/> QUARTERLY

LOCATIONS		
LOC #	HIGHEST FLOOR	STREET, CITY, COUNTY, STATE, ZIP CODE
1		893 Boggs Terrace Fremont CA 94539

POLICY INFORMATION					
PROPOSED EFF DATE 10/01/2024	PROPOSED EXP DATE 10/01/2025	RATING EFFECTIVE DATE (if applicable)	ANNIVERSARY RATING DATE (if applicable)	<input type="checkbox"/> PARTICIPATING <input type="checkbox"/> NON-PARTICIPATING	RETRO PLAN
PART 1 - WORKERS COMPENSATION (States) CA	PART 2 - EMPLOYER'S LIABILITY		PART 3 - OTHER STATES INS	DEDUCTIBLES (N / A in WI)	AMOUNT / % (N / A in WI)
	\$ 1,000,000 EACH ACCIDENT			<input type="checkbox"/> MEDICAL	<input type="checkbox"/> U.S.L. & H.
	\$ 1,000,000 DISEASE-POLICY LIMIT			<input type="checkbox"/> INDEMNITY	<input type="checkbox"/> VOLUNTARY COMP
	\$ 1,000,000 DISEASE-EACH EMPLOYEE				<input type="checkbox"/> FOREIGN COV
DIVIDEND PLAN/SAFETY GROUP		ADDITIONAL COMPANY INFORMATION			
SPECIFY ADDITIONAL COVERAGES / ENDORSEMENTS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)					

TOTAL ESTIMATED ANNUAL PREMIUM - ALL STATES		
TOTAL ESTIMATED ANNUAL PREMIUM ALL STATES	TOTAL MINIMUM PREMIUM ALL STATES	TOTAL DEPOSIT PREMIUM ALL STATES
\$	\$	\$

CONTACT INFORMATION				
TYPE	NAME	OFFICE PHONE	MOBILE PHONE	E-MAIL
INSPECTION	Chris Luengo	(510) 683-8780		rbconst@pacbell.net
ACCTNG RECORD	Chris Luengo	(510) 683-8780		rbconst@pacbell.net
CLAIMS INFO	Chris Luengo	(510) 683-8780		rbconst@pacbell.net

INDIVIDUALS INCLUDED / EXCLUDED									
PARTNERS, OFFICERS, RELATIVES (Must be employed by business operations) TO BE INCLUDED OR EXCLUDED (Remuneration/Payroll to be included must be part of rating information section.) Exclusions in Missouri must meet the requirements of Section 287.090 RSMo.									
STATE	LOC #	NAME	DATE OF BIRTH	TITLE/ RELATIONSHIP	OWNER-SHIP %	DUTIES	INC/EXC	CLASS CODE	REMUNERATION/PAYROLL
CA	1	Christopher Lee Luengo		CEO	50		E		
CA	1	Clifford Lee Luengo		CFO	50		E		

STATE RATING WORKSHEET

FOR MULTIPLE STATES, ATTACH AN ADDITIONAL PAGE 2 OF THIS FORM

RATING INFORMATION - STATE: CA

LOC #	CLASS CODE	DESCR CODE	CATEGORIES, DUTIES, CLASSIFICATIONS	# EMPLOYEES FULL TIME	PART TIME	SIC	NAICS	ESTIMATED ANNUAL REMUNERATION/ PAYROLL	RATE	ESTIMATED ANNUAL MANUAL PREMIUM
1	5474		Painting/Wallpaper Install <\$31HR	0	0			If Any		
1	5447		Wallboard Installation>=\$38HR	0	0			If Any		
1	9008		Janitorial Services	0	0			If Any		
1	6218		Grading Land - NOC <\$38HR	0	0			If Any		
1	5403		Carpentry <\$39HR	0	0			If Any		
1	8810		Clerical	2	1			147,377		
1	8742		Outside Sales	2	1			133,599		
1	6220		Grading Land - NOC >=\$38HR	0	0			If Any		
1	5446		Wallboard Installation <\$38HR	0	0			If Any		
1	5482		Painting/Wallpaper Install>=\$31HR	6	1			347,547		
1	5432		Carpentry>=\$39HR	0	0			If Any		
1	8871		Clerical Telecommuter	0	0			If Any		
1	5473		Asbestors Abatement - All Ops	15	2			837,320		

PREMIUM

STATE: CA	FACTOR	FACTORED PREMIUM		FACTOR	FACTORED PREMIUM
TOTAL	N / A	\$ 0.00			\$
INCREASED LIMITS		\$	SCHEDULE RATING *		\$
DEDUCTIBLE *		\$	CCPAP		\$
EXPERIENCE OR MERIT MODIFICATION	1.44	\$	STANDARD PREMIUM		\$
TERRORISM	N / A	\$	PREMIUM DISCOUNT		\$
CATASTROPHE	N / A	\$	EXPENSE CONSTANT	N / A	\$
ASSIGNED RISK SURCHARGE *		\$	TAXES / ASSESSMENTS *	N / A	\$
ARAP *		\$			\$
* N / A in Wisconsin					
TOTAL ESTIMATED ANNUAL PREMIUM		MINIMUM PREMIUM		DEPOSIT PREMIUM	
\$ 0.00		\$		\$	

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

PRIOR CARRIER INFORMATION / LOSS HISTORY

PROVIDE INFORMATION FOR THE PAST 5 YEARS AND USE THE REMARKS SECTION FOR LOSS DETAILS						<input checked="" type="checkbox"/> LOSS RUN ATTACHED
YEAR	CARRIER & POLICY NUMBER	ANNUAL PREMIUM	MOD	# CLAIMS	AMOUNT PAID	RESERVE
2023	CO: State Compensation Insurance F	273,912.00	1.46000	0	0.00	0.00
	POL #: 9073375-2023					
2022	CO: State Compensation Insurance F	265,592.00	1.27000	0	0.00	0.00
	POL #: 9073375-2022					
2021	CO: State Compensation Insurance F	236,468.00	1.19000	3	234,338.00	27,185.00
	POL #: 9073375-2021					
2020	CO: State Compensation Insurance F	232,715.00	1.22000	3	136,616.00	109,337.00
	POL #: 9073375-2020					
	CO:					
	POL #:					

NATURE OF BUSINESS / DESCRIPTION OF OPERATIONS

GIVE COMMENTS AND DESCRIPTIONS OF BUSINESS, OPERATIONS AND PRODUCTS: MANUFACTURING - RAW MATERIALS, PROCESSES, PRODUCT, EQUIPMENT; CONTRACTOR - TYPE OF WORK, SUB-CONTRACTS; MERCANTILE - MERCHANDISE, CUSTOMERS, DELIVERIES; SERVICE - TYPE, LOCATION; FARM - ACREAGE, ANIMALS, MACHINERY, SUB-CONTRACTS.

Insured is a contractor that does removal of asbestos, lead and mold.

Drives <50 Miles

CSLB #614028
B - GENERAL BUILDING
C21 - BUILDING MOVING, DEMOLITION
C22 - ASBESTOS ABATEMENT

- Check DOSH Asbestos Registration
- ASB - ASBESTOS
- Check DOSH Asbestos Registration
- HAZARDOUS SUBSTANCES REMOVAL

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES	Y / N
1. DOES APPLICANT OWN, OPERATE OR LEASE AIRCRAFT / WATERCRAFT?	N
2. DO / HAVE PAST, PRESENT OR DISCONTINUED OPERATIONS INVOLVE(D) STORING, TREATING, DISCHARGING, APPLYING, DISPOSING, OR TRANSPORTING OF HAZARDOUS MATERIAL? (e.g. landfills, wastes, fuel tanks, etc) ASBESTOS REMOVAL	Y
3. ANY WORK PERFORMED UNDERGROUND OR ABOVE 15 FEET?	N
4. ANY WORK PERFORMED ON BARGES, VESSELS, DOCKS, BRIDGE OVER WATER?	N
5. IS APPLICANT ENGAGED IN ANY OTHER TYPE OF BUSINESS?	N
6. ARE SUB-CONTRACTORS USED? (If "YES", give % of work subcontracted)	N
7. ANY WORK SUBLET WITHOUT CERTIFICATES OF INSURANCE? (If "YES", payroll for this work must be included in the State Rating Worksheet on Page 2)	N
8. IS A WRITTEN SAFETY PROGRAM IN OPERATION?	Y
9. ANY GROUP TRANSPORTATION PROVIDED?	N
10. ANY EMPLOYEES UNDER 16 OR OVER 60 YEARS OF AGE?	N
11. ANY SEASONAL EMPLOYEES?	N
12. IS THERE ANY VOLUNTEER OR DONATED LABOR? (If "YES", please specify)	N
13. ANY EMPLOYEES WITH PHYSICAL HANDICAPS?	N
14. DO EMPLOYEES TRAVEL OUT OF STATE? (If "YES", indicate state(s) of travel and frequency)	N
15. ARE ATHLETIC TEAMS SPONSORED?	N
16. ARE PHYSICALS REQUIRED AFTER OFFERS OF EMPLOYMENT ARE MADE?	N

GENERAL INFORMATION (continued)

EXPLAIN ALL "YES" RESPONSES	Y / N
17. ANY OTHER INSURANCE WITH THIS INSURER?	N
18. ANY PRIOR COVERAGE DECLINED / CANCELLED / NON-RENEWED IN THE LAST THREE (3) YEARS? (Missouri Applicants - Do not answer this question)	N
19. ARE EMPLOYEE HEALTH PLANS PROVIDED?	N
20. DO ANY EMPLOYEES PERFORM WORK FOR OTHER BUSINESSES OR SUBSIDIARIES?	N
21. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?	N
22. DO ANY EMPLOYEES PREDOMINANTLY WORK AT HOME? If "YES", # of Employees: _____	N
23. ANY TAX LIENS OR BANKRUPTCY WITHIN THE LAST FIVE (5) YEARS? (If "YES", please specify)	N
24. ANY UNDISPUTED AND UNPAID WORKERS COMPENSATION PREMIUM DUE FROM YOU OR ANY COMMONLY MANAGED OR OWNED ENTERPRISES? IF YES, EXPLAIN INCLUDING ENTITY NAME(S) AND POLICY NUMBER(S).	N

SIGNATURE

Copy of the Notice of Information Practices (Privacy) has been given to the applicant. (Not required in all states, contact your agent or broker for your state's requirements.)			
<p>PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE LIMITED IN SOME STATES. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION.</p> <p>(Not applicable in AZ, CA, DE, KS, MA, MN, ND, NY, OR, VA, or WV. Specific ACORD 38s are available for applicants in these states.) (Applicant's Initials): _____</p>			
<p>Applicable in AL, AR, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.</p> <p>Applicable in CO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.</p> <p>Applicable in FL and OK: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*. *Applies in FL Only.</p> <p>Applicable in KS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.</p> <p>Applicable in KY, NY, OH and PA: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.</p> <p>Applicable in ME, TN, VA and WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.</p> <p>Applicable in NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.</p> <p>Applicable in OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.</p> <p>Applicable in PR: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.</p> <p>Applicable in UT: Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.</p>			
THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.			
APPLICANT'S SIGNATURE (Must be Officer, Owner or Partner)	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER

Risk Summary Report

Bureau Number: 4-72-93-95

Date Created: August 06, 2024

Risk's Primary Name and Mailing Address:

R. B. CONSTRUCTION, INC
893 BOGGS TER
FREMONT, CA 94539

Experience Modification(s) -- last 10 years:

Rating Year	X-Mod	X-Mod Status	Rerate
2024	144	Published	0
2023	146	Published	0
2022	127	Published	0
2021	119	Published	0
2020	122	Published	0
2019	134	Published	0
2018	115	Published	0
2017	77	Published	0
2016	64	Published	1
2015	65	Published	1

Classification developing the most payroll during current Experience Period

Class Code	Inspected	Description
5473	Yes	Asbestos Abatement

WCIRB Assigned Classification(s):

Class Code	Suffix	Inspected	Description
5473	00	Yes	Asbestos Abatement
5474	01	Yes	Painting/Wallpaper Install-low wage
5482	01	Yes	Painting/Wallpaper Install-high wage
8742	00	Yes	Salespersons-Outside
8810	00	Yes	Clerical Office Employees
9008	00	Yes	Janitorial Services

Additional Names on current policies

R. B. CONSTRUCTION, INC

RB CONSTRUCTION INC.



Loss Analysis Report

9073375-2023
RB CONSTRUCTION INC.
893 BOGGS TER, FREMONT, CA 94539

Inception Date	10-01-2023	District Office	NA - SAN FRANCISCO
Expiration Date	10-01-2024	Cancellation Code	Active
A.R.D	---	Quote ID	802462013
		Quote Type	PAS -

Ad hoc report produced on 08-05-2024

Brokerage

Name	Mt Diablo Ins Brokers Inc	
Address	Po Box 249 Lafayette, CA 94549	Phone Number (925) 297-4070

Totals

Both Open and Closed Claims, Both Disability and Non-disability Claims for year 2023

Claims		Costs	
Open	0	Paid Compensation	\$0
Closed	0	Paid Medical	\$0
Total	0	Total Paid	\$0
Disability	0	Estimated Compensation	\$0
Non-Disability	0	Estimated Medical	\$0
Litigated	0	Total Estimated/Incurred	\$0

Policy Year	2023
Estimated Annual	\$273,912
Current Experience Mod	146.0%
Governing Class	5473 (1)



Loss Analysis Report

9073375-2022
RB CONSTRUCTION INC.
893 BOGGS TER, FREMONT, CA 94539

Inception Date	10-01-2022	District Office	NA - SAN FRANCISCO
Expiration Date	10-01-2023	Cancellation Code	Active
A.R.D	---	Quote ID	802199683
		Quote Type	PAS -

Ad hoc report produced on 08-05-2024

Brokerage

Name	Mt Diablo Ins Brokers Inc	
Address	Po Box 249 Lafayette, CA 94549	Phone Number (925) 297-4070

Totals

Both Open and Closed Claims, Both Disability and Non-disability Claims for year 2022

Claims		Costs	
Open	0	Paid Compensation	\$0
Closed	0	Paid Medical	\$0
Total	0	Total Paid	\$0
Disability	0	Estimated Compensation	\$0
Non-Disability	0	Estimated Medical	\$0
Litigated	0	Total Estimated/Incurred	\$0

Policy Year	2022
Estimated Annual	\$265,592
Current Experience Mod	127.0%
Governing Class	5473 (1)



Loss Analysis Report

9073375-2021
RB CONSTRUCTION INC.
893 BOGGS TER, FREMONT, CA 94539

Inception Date	10-01-2021	District Office	NA - SAN FRANCISCO
Expiration Date	10-01-2022	Cancellation Code	Active
A.R.D	---	Quote ID	700054205
		Quote Type	PAS -

Ad hoc report produced on 08-05-2024

Brokerage

Name Mt Diablo Ins Brokers Inc
Address Po Box 249 Lafayette, CA 94549

Phone Number (925) 297-4070

Totals

Both Open and Closed Claims, Both Disability and Non-disability Claims for year 2021

Claims		Costs	
Open	2	Paid Compensation	\$61,076
Closed	1	Paid Medical	\$173,262
Total	3	Total Paid	\$234,338
Disability	3	Estimated Compensation	\$68,258
Non-Disability	0	Estimated Medical	\$193,265
Litigated	3	Total Estimated/Incurred	\$261,523

Policy Year	2021
Estimated Annual	\$236,468
Current Experience Mod	119.0%
Governing Class	5473 (1)

Claims

Claim ID	Claimant	Status	Injury Date	Paid Comp	Paid Medical	Est. Comp	Est. Medical	Accident Description
06852916 NT	Lupian Saul	open disability litig case has been finalized	09-30-2022	\$3,364	\$56,791	\$3,364	\$60,346	adj17170015. alleging cumulat; cumulative; hand(s); cumulative (all other)
06894104 NA	Valtierra Ubaldo	open disability wcab appl filed for the case	09-14-2022	\$1,102	\$5,714	\$8,284	\$22,162	employee was washing the ceili; laceration; abdomn/groin; struck by object handled
06728484 NA	Del Toro Martin	reclosed disability litig case has been finalized	04-20-2022	\$56,610	\$110,757	\$56,610	\$110,757	the employee performed repetit; strain; hand(s); rep motion ie crpl tunnel

Loss Analysis Report

9073375-2020
RB CONSTRUCTION INC.
893 BOGGS TER, FREMONT, CA 94539

Inception Date	10-01-2020	District Office	NA - SAN FRANCISCO
Expiration Date	10-01-2021	Cancellation Code	Active
A.R.D	---	Quote ID	801757182
		Quote Type	QMS -

Ad hoc report produced on 08-05-2024

Brokerage

Name	Mt Diablo Ins Brokers Inc	Phone Number	(925) 297-4070
Address	Po Box 249 Lafayette, CA 94549		

Totals

Both Open and Closed Claims, Both Disability and Non-disability Claims for year 2020

Claims		Costs		Policy Year 2020	
Open	2	Paid Compensation	\$85,858	Estimated Annual	\$232,715
Closed	1	Paid Medical	\$50,758	Current Experience Mod	122.0%
Total	3	Total Paid	\$136,616	Governing Class	5473 (1)
Disability	2	Estimated Compensation	\$96,905		
Non-Disability	1	Estimated Medical	\$149,048		
Litigated	2	Total Estimated/Incurred	\$245,953		

Claims

Claim ID	Claimant	Status	Injury Date	Paid Comp	Paid Medical	Est. Comp	Est. Medical	Accident Description
06607606 NA	Moreno Gerardo	closed non-disability non-litig case	03-08-2021	\$0	\$636	\$0	\$636	employee right knee got struck; puncture; knee(s); step on sharp object
06573146 NA	Mccormick Robert	open disability wcab appl filed for the case	12-07-2020	\$85,858	\$46,013	\$94,404	\$104,294	while doing so the wheel barre; strain; hand(s); struck by object handled
06569852 NA	Figuroa Romulo	open disability litig case has been finalized	11-25-2020	\$0	\$4,109	\$2,501	\$44,118	employee is claiming asbestos; asbestosis; lung(s); msc absrb,ingst,inhle,vaccine



CONTRACTORS STATE LICENSE BOARD

▼ Contractor's License Detail for License # 614028

DISCLAIMER: A license status check provides information taken from the CSLB license database. Before relying on this information, you should be aware of the following limitations.

- ▶ CSLB complaint disclosure is restricted by law ([B&P 7124.6](#)) If this entity is subject to public complaint disclosure click on link that will appear below for more information. Click [here](#) for a definition of disclosable actions.
- ▶ Only construction related civil judgments reported to CSLB are disclosed ([B&P 7071.17](#)).
- ▶ Arbitrations are not listed unless the contractor fails to comply with the terms.
- ▶ Due to workload, there may be relevant information that has not yet been entered into the board's license database.

Data current as of 8/6/2024 9:14:54 AM

Business Information

R B CONSTRUCTION INC
893 BOGGS TERRACE
FREMONT, CA 94539
Business Phone Number:(510) 683-8780

Entity Corporation
Issue Date 03/01/1991
Expire Date **03/31/2025**

License Status

This license is current and active.

All information below should be reviewed.

Classifications

- ▶ [B - GENERAL BUILDING](#)
- ▶ [C21 - BUILDING MOVING, DEMOLITION](#)
- ▶ [C22 - ASBESTOS ABATEMENT \(Check DOSH Asbestos Registration\)](#)

Certifications

- ▶ [ASB - ASBESTOS \(Check DOSH Asbestos Registration\)](#)
- ▶ [HAZ - HAZARDOUS SUBSTANCES REMOVAL](#)

Bonding Information

Contractor's Bond

This license filed a Contractor's Bond with [AMERICAN CONTRACTORS INDEMNITY COMPANY](#).

Bond Number: SC949760

Bond Amount: \$25,000

Effective Date: 01/01/2023

[Contractor's Bond History](#)

Bond of Qualifying Individual

The qualifying individual CLIFFORD LEE LUENGO certified that he/she owns 10 percent or more of the voting stock/membership interest of this company; therefore, the Bond of Qualifying Individual is not required.

Effective Date: 03/03/2015

[BQI's Bond History](#)

Workers Compensation Supplemental Application

Insured Name: RB Construction Inc.

Web Site: _____

FEIN: 680237646

Applicant must complete pages 1, 2 and the sections pertinent.

	Payroll Information	Premium Information
Current Year -		
Prior Year -		
Prior Year -		
Prior Year -		
Prior Year -		

OPERATIONAL INFORMATION

Description of operations (if not provided on Acord 130): Description on Acord 130

Hours of operation: _____ # of shifts: 1 Any 24 hr exposure: ☐ Yes ☒ No

of years in business: _____ Average employee tenure with company: _____

Have you ever filed for bankruptcy within the past 7 years: ☐ Yes ☒ No

SAFETY INFORMATION

Active IIPP:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Active ownership in operations:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Specific job training:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Personal protective equipment:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Respiratory program:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	If yes, type of PPE: Mask, Goggles & Gloves.	
Safety incentives:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Formal return to work program:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Monthly safety meetings:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Do you have a written safety manual:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Is it provided to all employees in:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other/Multi		
Safety Director:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		
Risk manager employed:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		
Do supervisors receive specific safety training:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Supervisors held accountable for injuries:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A		
Condition of workplace premises:	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor		
Accident investigation program in place:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Written Lockout/Tagout/Blockout Procedure in place:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		
Material Safety Data Sheet available:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Hazardous Materials Communication program in place:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Have Cal/OHSA cited risk's business in the last year:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A		
Is insured willing to implement loss control recommendations made by the insurer:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Are employee required breaks in the work hours strictly adhered to for all employees:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Is training provided to new hires and existing employees on proper use and maintenance of equipment:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Are all employees that operate forklifts properly trained, if applicable:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		
Has your company implemented any ergonomic safety procedures:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Describe:		
Describe equipment used:	<input type="checkbox"/> State of the art <input checked="" type="checkbox"/> Standard for industry <input type="checkbox"/> Modified to standard		

EMPLOYMENT PRACTICES

Group medical provided:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Currently in MPN:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Percentage of employees enrolled:	_____ %	Number of full time employees:	
Percentage paid by employer:	_____ %	Number of part time employees:	
Disability insurance provided:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of seasonal employees:	N/A
Paid sick leave/vacation:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of volunteer workers:	N/A
Retirement/Pension:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If applicable, length of season:	
Do you lease workers:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Full time hours in work week:	
Are employees:	<input type="checkbox"/> Union <input checked="" type="checkbox"/> Non-union _____ % Union		
Proximity to a medical clinic:	<input type="checkbox"/> Less than 5 miles <input checked="" type="checkbox"/> 5 - 10 miles <input type="checkbox"/> 11 - 20 miles <input type="checkbox"/> Over 20 miles		
Average employee wage for the governing class:	_____ \$ _____ /hr. (exclude officers/ directors salary from average)		
Average employee wage for the clerical/sales:	_____ \$ _____ /hr. (exclude officers/ directors salary from average)		
How are employees paid:	<input checked="" type="checkbox"/> Hourly <input type="checkbox"/> Salary <input type="checkbox"/> Piece rate <input type="checkbox"/> Commission <input type="checkbox"/> Rent/ housing		
Do you have an established method for reporting claims:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

RISK CHARACTERISTICS

Annual MVR checks:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Pre/Post employment MVR checks:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Driving/ Delivery operations:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Employees use personal vehicles for company:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Purpose of driving operations:		Have a formal lifting policy and is it followed:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Radius of operations:	<input checked="" type="checkbox"/> 0 - 25 miles	Lifting exposure:	<input type="checkbox"/> N/A
	<input checked="" type="checkbox"/> 26 - 50 miles		<input checked="" type="checkbox"/> Under 20 lbs
	<input type="checkbox"/> 51 - 100 miles		<input type="checkbox"/> 20 - 40 lbs
	<input type="checkbox"/> 101 - 200 miles		<input type="checkbox"/> 40 - 50 lbs
	<input type="checkbox"/> Over 200 miles		<input type="checkbox"/> Over 50 lbs
Have a driver safety policy:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Use of pairs/teams to lift large, heavy or awkwardly shaped objects:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Are driver acceptability standards in place:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Number of vehicles used:		Number of authorized drivers:	
Frequency of driving/ delivery is:	<input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Infrequent		
Any group transportation (4 or more employees, same vehicle):	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Any out of state or out of country travel:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Number of employees who travel overseas each year:	N/A	Average duration of trips overseas:	N/A
Average frequency of travel each year for those employees who travel overseas:	N/A	Countries involved:	N/A

EMPLOYEE SELECTION/ TRAINING/ QUALIFICATIONS

Written application:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Formal job description on file:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Reference checks:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Employee orientation:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Pre-hire drug testing:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Personnel files documented for pre-existing injuries:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Post-accident drug testing:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Subcontractors used:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____ %
Random drug testing:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	if yes, certs of insurance kept:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Pre/Post employ. physicals:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Hearing tests:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Describe any other physical or contractual controls in place over subcontractors:			
Independent contractors/1099:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Certs. of insurance kept:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If yes to above, describe:			
Any work subbed out to uninsured and/or unlicensed 1099 employees:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
After terminating employees are personnel files documented with employee signed notes regarding any potential injuries incurred during their work for you?			
Describe:			
Does the insured employ any person 60 years of age or older:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, what are their job duties:			