

IMAGE #1

WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY

TYPE v INFORMATION PAGE WC 00 00 01 (A)

POLICY NUMBER: (TC2KUB-4247B33-A-11)

RENEWAL OF (TC2JUB-4247B33-A-10)

INSURER: THE TRAVELERS INDEMNITY COMPANY

NCCI CO CODE: 11347

1.

INSURED:

RSI HOME PRODUCTS INC
400 E ORANGETHORPE AVE
ANAHEIM CA 92801

PRODUCER:

LOCKTON INS BROKERS LLC
725 S FIGUEROA ST 35TH FL
LOS ANGELES CA 90017

Insured is A CORPORATION

Other work places and identification numbers are shown in the schedule(s) attached.

2. The policy period is from 03-06-11 to 03-06-12 12:01 A.M. at the insured's mailing address.

3. A. **WORKERS COMPENSATION INSURANCE:** Part One of the policy applies to the Workers Compensation Law of the state(s) listed here:

AR CA CO CT DE FL GA ID IL IN KS LA MD MI MN MO NC NH NM NY OK PA
SC SD TN TX UT VA

B. **EMPLOYERS LIABILITY INSURANCE:** Part Two of the policy applies to work in each state listed in item 3.A. The limits of our liability under Part Two are:

Bodily Injury by Accident:	\$	1000000	Each Accident
Bodily Injury by Disease:	\$	1000000	Policy Limit
Bodily Injury by Disease:	\$	1000000	Each Employee

C. **OTHER STATES INSURANCE:** Part Three of the policy applies to the states, if any, listed here:

AL DC HI IA KY ME MS MT NE NV RI VT

D. This policy includes these endorsements and schedules:

SEE LISTING OF ENDORSEMENTS - EXTENSION OF INFO PAGE

4. The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans. All required information is subject to verification and change by audit to be made **ANNUALLY**.

DATE OF ISSUE: 03-22-11 JG

OFFICE: LOS ANGELES CA 105

PRODUCER: LOCKTON INS BROKERS LLC

NA407



WORKERS COMPENSATION
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POLICY NUMBER: (TC2JUB-4247B33-A-10)

CLASSIFICATION SCHEDULE:

CLASSIFICATIONS	CODE NO	PREMIUM BASIS ESTIMATED TOTAL ANNUAL REMUNERATION	RATES PER \$100 OF REMUNERATION	ESTIMATED ANNUAL PREMIUM
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SEE EXTENSION OF INFORMATION PAGE - SCHEDULE(S)

SIC-CODE: 2434

TOTAL ESTIMATED ANNUAL STANDARD PREMIUM	\$	1319271
PREMIUM DISCOUNT		NONE
OTHER CHARGES & CREDITS		26
0900-12 EXPENSE CONSTANT		280
TERRORISM		INCLUDED
CAT (OTHER THAN CERT ACTS OF TERRORISM)		INCLUDED
DEDUCTIBLE CREDIT		1146084
TOTAL ESTIMATED PREMIUM		173467
TAXES AND SURCHARGES		33876
DEPOSIT AMOUNT DUE		207343
		AMS BINDER BILLED #
		228201

Minimum Premium: \$ 922

EMPLOYERS LIABILITY MINIMUM: \$ 150

OTHER MINIMUMS ARE INDICATED ON THE APPLICABLE SCHEDULE(S)

DATE OF ISSUE: 04-16-10 NT

OFFICE: LOS ANGELES CA 105

PRODUCER: LOCKTON INS BROKERS LLC NA407

COUNTERSIGNED-AGENT

IMAGE #3

WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY

EXTENSION OF INFO PAGE-SCHEDULE WC 00 00 01 (A)

POLICY NUMBER: (TC2JUB-4247B33-A-10)

INSURER: TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA

080
13579-CA

INSURED'S NAME: RSI HOME PRODUCTS INC

RATE BUREAU ID: 3641701F

CLASSIFICATION	CODE	PREMIUM BASIS ESTIMATED TOTAL ANNUAL REMUNERATION	RATES PER \$100 OF REMUNERATION	ESTIMATED ANNUAL PREMIUM
LOCATION 001 01				
FEIN 954473773 ENTITY CD 001				
RSI HOME PRODUCTS INC				
620 NEWPORT CENTER DRIVE #1200 NEWPORT BEACH, CA 92660				
400 EAST ORANGETHORPE AVE ANAHEIM, CA 92801				
11350 RIVERSIDE DRIVE MIRA LOMA, CA 91752				
4325 ETIWANDA AVENUE MIRA LOMA, CA 91752				
FEIN 330693850 ENTITY CD 002				
RSI HOME PRODUCTS MANUFACTURING INC				
NO BUSINESS LOCATION NONE, CA 94203				
FEIN 330807486 ENTITY CD 003				
RSI HOME PRODUCTS SALES INC				
NO BUSINESS LOCATION NONE, CA 94203				
FEIN 330807485 ENTITY CD 004				

DATE OF ISSUE: 04-16-10 NT

SCHEDULE NO: 1 OF MORE

IMAGE #4

WORKERS COMPENSATION
AND
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EXTENSION OF INFO PAGE-SCHEDULE WC 00 00 01 (A)

POLICY NUMBER: (TC2JUB-4247B33-A-10)

CLASSIFICATION	CODE	PREMIUM BASIS ESTIMATED TOTAL ANNUAL REMUNERATION	RATES PER \$100 OF REMUNERATION	ESTIMATED ANNUAL PREMIUM
LOCATION 001 01 (CONT'D)				
FEIN 330807485 ENTITY CD 004 (CONT'D)				
RSI HOME PRODUCTS MANAGEMENT INC				
NO BUSINESS LOCATION NONE, CA 94203				
BLANKET WAIVER OF SUBROGATION SEE ENDT WC 99 03 76 (00)	0930	IF ANY	.00	250
CABINET MFG.-WOOD-INCLUDING THE MANUFACTURE OF COMMERCIAL OR INDUSTRIAL FIXTURES	2812	7029302	8.38	589056
CABINET OR FIXTURES-PORTABLE; INTERIOR TRIM-INSTALLATION- N.O.C.	5146	IF ANY	7.43	
SALESPERSONS-OUTSIDE	8742	419339	.70	2935
CLERICAL OFFICE EMPLOYEES NOC	8810	13901003	.58	80626
LOCATION 002 01				
FEIN 201712767 ENTITY CD 008				
PRESTIGE CABINETS INC				
NO BUSINESS LOCATION NONE, CA 94203				

IMAGE #5

Paulina M. Colon
Senior Regulatory Analyst
Regulatory Affairs
Commercial & Specialty Lines
(860) 277-7588; (860) 954-0580 Fax
One Tower Square 8 MN
Hartford, CT 06183
pcolon@travelers.com

October 26, 2006

Workers' Compensation Insurance
Rating Bureau of California
525 Market Street, Suite 800
San Francisco, CA 94105-2716

Attn: Ms. Tatyana Shevnina
Section Leader, Policy Examination Department

Filing Number: 2006-10-0115
Workers' Compensation & Employer Liability
Form Filing

The Travelers Indemnity Company of Connecticut	3548-25682
Travelers Property Casualty Company of America	3548-25674
Travelers Casualty Insurance Company of America	3548-19046
Travelers Casualty Company of Connecticut	3548-36170
Travelers Casualty and Surety Company	3548-19038
Farmington Casualty Company	3548-41483
The Standard Fire Insurance Company	3548-19070
St. Paul Fire and Marine Insurance Company	3548-24767
St. Paul Mercury Insurance Company	3548-24791
St. Paul Guardian Insurance Company	3548-24775
Athena Assurance Company	3548-41769
St. Paul Protective Insurance Company	3548-19224
NIPPONKOA Insurance Company, Ltd. (U. S. Branch)	2558- 27073

Dear Ms. Shevnina:

In compliance with the insurance laws and regulations in California, our companies respectfully submit the enclosed Workers' Compensation form.

As a result of WCIRB Bulletin No: 2006-09, we are hereby filing to adopt WC 04 03 17-Employee Insured by General Employer Excluded.

Enclosures & Implementation

Enclosed you will find a filing package with a copy of the form, a forms list and the applicable state filing forms.

We wish to implement this change on policies effective on and after November 30, 2006.

Page 2

Your approval of this filing will be appreciated. Should you have any questions, please do not hesitate to contact me.

Regards,

Paulina M. Colon

Paulina M. Colon

IMAGE #6

WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY
ENDORSEMENT WC 04 03 17 (00)

POLICY NUMBER: (TC2KUB-4247B33-A-11)

ENDORSEMENT AGREEMENT LIMITING AND RESTRICTING THIS INSURANCE
Employee Insured by General Employer Excluded

The insurance under this policy is limited as follows:

It is AGREED that, anything in this policy to the contrary notwithstanding, this policy DOES NOT INSURE:

**NO LIABILITY FOR
EMPLOYEE INSURED BY
GENERAL EMPLOYER**

Any liability you may have as the special employer of an employee who is not on your payroll at the time of injury, based upon your representation that: (1) you have entered into a valid and enforceable agreement pursuant to Labor Code Section 3602 (d) with the employee's general employer under which the general employer agrees to secure the payment of compensation for such employee and (2) the general employer has obtained workers' compensation coverage for the employee.

FAILURE TO SECURE THE PAYMENT OF FULL COMPENSATION BENEFITS FOR ALL EMPLOYEES AS REQUIRED BY LABOR CODE SECTION 3700 IS A VIOLATION OF LAW AND MAY SUBJECT THE EMPLOYER TO THE IMPOSITION OF A WORK STOP ORDER, LARGE FINES, AND OTHER SUBSTANTIAL PENALTIES (Labor Code Section 3710.1, et seq.).

By signature below, you affirm that, with respect to any employee who is also the employee of a general employer, (1) you have entered into a valid and enforceable agreement pursuant to Labor Code Section 3602(d) with the employee's general employer under which the general employer agrees to secure the payment of compensation for such employee and (2) the general employer has obtained workers' compensation coverage for the employee.

Countersigned By



Jonathan M. Robertson, SVP, General Counsel and Secretary

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective
Insured
Insurance Company

Policy No.

Endorsement No.

Countersigned by _____

November 8, 2006

[WCIRB logo removed]

Hand Delivered

The Honorable John Garamendi
Insurance Commissioner of California
c/o Emma Camarillo
California Department of Insurance
45 Fremont Street, 24th Floor
San Francisco, CA 94105

Attention: Christopher A. Citko, Senior Staff Attorney

**RE: Travelers Indemnity Company of Connecticut
Form Number WC 04 03 17
Enforcement Limiting and Restricting This Insurance
Employee Insured by General Employer Excluded**

Dear Sir:

The Insurer recently submitted the cited form to use in this state.

This form has been approved as to form and substance on behalf of the WCIRB membership by the Department of Insurance.

We are advising the insurer by copy of this letter that they may proceed to use this form.

Sincerely,

Lorenda L. Boatwright
Policy Examination Department
Forms Filing Unit
(415) 778-7120
policyforms@wcirbonline.org

CD1539.061106

cc: St. Paul Travelers
C.L. Regulatory Affairs – BMN
One Tower Square
Hartford, CT 06101-5049

Attention: Pauline M. Colon
Senior Regulatory Analyst