



FEEDBACK TAX ID 93-1072175

BUSINESS DETAIL

Licensee : **PATRICIA MOLESWORTH** Address : PO BOX 967 SISTERS OR 97759
License No. : 78462 License Status: Active
Date First Licensed : 12/30/1991 Expiration Date: 12/30/2021
Entity Type : Sole Proprietor Phone : (541) 549-6406
Endorsement Type :
Residential General Contractor
Workers' Compensation/Independent Contractor Status : Nonexempt

ADDITIONAL BUSINESS LICENSES AND CERTIFICATIONS

CERTIFIED LEAD-BASED PAINT RENOVATION (LBPR) CONTRACTOR LICENSE: NO
Required to bid and work on pre-1978 residential structures.

OTHER BUSINESS INFORMATION

WORKERS' COMPENSATION INSURANCE INFORMATION

| Coverage | Carrier | Policy No. |
|-------------------|---------|------------|
| Employee | SAIF | 7736200 |
| Personal Election | None | None |

The CCB does not receive automatic notification of changes to workers' compensation coverage status. Current Oregon coverage status can be confirmed through the [Oregon Workers' Compensation Division](#).

LIABILITY INSURANCE INFORMATION ([History](#))

| Company | Amount | Expiration Date |
|-----------------------------|----------------|-----------------|
| AMERICAN FIRE & CASUALTY CO | \$1,000,000.00 | 12/19/2021 |

SURETY BOND INFORMATION ([History](#))

| Type | Company | Amount | |
|-------------|------------------------------|-------------|----------------------------|
| Residential | CONTRACTORS BONDING & INS CO | \$20,000.00 | Continuous until cancelled |
| Commercial | None | None | None |

ASSOCIATED INDIVIDUALS

RMI Owner MOLESWORTH, PATRICIA

Click [here](#) to see past associated individuals' names.

ASSUMED BUSINESS NAMES(S)

VILLAGE INTERIORS DECORATING CENTER

Click [here](#) to see past assumed business names.

[BACK](#)