Form (Rev. October 2018) Department of the Treasury Internal Revenue Service

Request for Taxpayer Identification Number and Certification

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Give Form to the requester. Do not send to the IRS.

	1 Name (as shown on your income tax return). Name is required on this lin	e: do not leave this line blank	/								
	Robert Half International, Inc										
	2 Business name/disregarded entity name, if different from above										
	Accountemps, OfficeTeam, RH Finance and Accounting, RH Technology, RH Legal, The Creative Group, RH Management Resources										
age 3.	Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. 4 Exemptions (codes apply only to certain entities, not individuals; see										
d no su	Individual/sole proprietor or C Corporation S Corpora single-member LLC	Instructions on page 3):									
dy of	Umited liability company. Enter the tax classification (C=C corporation	Exempt payes code (if any)									
Print or 1 fic Instruc	Note: Check the appropriate box in the line above for the tax classific LLC if the LLC is classified as a single-member LLC that is disregarde another LLC that is not disregarded from the owner for U.S. federal to	Exemption from FATCA reporting code (if any)									
9	☐ Other (see instructions) ►		. 7	(Applies to accounts maintained outside the U.S.)							
S	10)	*	Requester's name								
Se .	TO THE STATE OF TH										
	The state of the s	1	1								
		4		* *							
	7 List account number(s) here (optional)			al a							
Part	Taxpayer Identification Number (TIN)										
Enter y	our TIN in the appropriate box. The TIN provided must match the n	ame given on line 1 to av	old Social se	curity number							
packup	Withholding. For individuals, this is generally your social security o	umber (SSN) However for	or a								
entities	, it is your employer identification number (EIN). If you do not have a	or Part I, later. For other	.	1-1 1 1-1 1 1							
IIIV, late	er.	_	or								
Note: If	the account is in more than one name, see the instructions for line	1. Also see What Name a	and Employer	Identification number							
IVUITIDE	To give the nequester for guidelines on whose number to enter.	ğ.	0 1	1649753							
Dovt	I Contidionation	• •	17 7	- 1 0 4 0 7 3 2							
The state of the s	200 (200 (100 (100 (100 (100 (100 (100 (
		-h () (((
2. I am I	not subject to backup withholding because: (a) I am exempt from beceight that I am subject to backup withholding as a result of a falli	ackup withholding or (b)	I have not been n	otified by the Internal Days							
		×									
		ant from EATCA reporting	le correct	**************************************							
Certifica	tion instructions. You must cross out item 2 above if you have been r	notified by the IRS that you	are currently subl	act to backup withholding have							
acquisition other that	on or abandonment of secured property, cancellation of debt, contribution	state transactions, item 2 o	does not apply. For	r mortgage interest paid,							
Sign Here	Signature of U.S. person > July (pun)	De	ate ▶ 1/3/202	20							
Gono	aral Instructions	20 C C C C C C C C C C C C C C C C C C C									
Section r		funds)									
		proceeds)									
related to	Form W-9 and its instructions, such as legislation enacted	transactions by broker	rs)								
	A=:										
information return with the IRS must obtain your correct taxpayer		1098-T (tuition)									
(SSN), Ind	lividual taxpayer identification number (ITIN), adoption		A 1940 CO. 10 12 CO. 10	ant of another district							
(EIN), to re	dentification number (ATIN), or employer identification number										
amount re	Individual/scle proprietor or										
returns ind	clude, but are not limited to, the following.	If you do not return F	Form W-9 to the re	equester with a TIN, you might That is backup withholding,							



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 5/29/2020

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 have ADDITIONAL INSURED provisions or 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		CONTACT Robert Half Certificates			
orthur J. Gallagher & Co. Isurance Brokers of CA, Inc. License #0726293 D5 N. Brand Boulevard, Suite 600 Iendale CA 91203 SURED Obert Half International Inc E13 Camino Ramon	icense #0726293	PHONE (A/C, No, Ext): 818-539-1463 FAX (A/C, No): 818-		39-1801	
Glendale CA 91203		ADDRESS: roberthalf_certificates@ajg.com			
		INSURER(S) AFFORDING CO	1,5110		
		INSURER A: Federal Insurance Company		20281	
Robert Half International Inc	ROBEHAL-03	INSURER B : XL Insurance America, Inc.		24554	
2613 Camino Ramon		INSURER C:			
San Ramon, CA 94583		INSURER D :			
		INSURER E:			
		INSURER F:			
COVERAGES	CERTIFICATE NUMBER: 385496063	REVISI	ON 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.

INSR LTR		TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMITS	
Α	Х	COMMERCIAL GENERAL LIABILITY	Y		3579-66-87	6/1/2020	6/1/2021	EACH OCCURRENCE	\$ 2,000,000
	V	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$2,000,000
	X	Stop Gap Em,Liab						MED EXP (Any one person)	\$ 10,000
	X	in OH, WA, WY,ND						PERSONAL & ADV INJURY	\$ 2,000,000
	V	'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000
	X	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000
		OTHER:						Employer Liability	\$1,000,000
Α		OMOBILE LIABILITY			7323-32-17	6/1/2020	6/1/2021	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
		ANY AUTO OWNED SCHEDULED						BODILY INJURY (Per person)	\$
		AUTOS ONLY AUTOS NON-OWNED						BODILY INJURY (Per accident)	\$
		AUTOS ONLY AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
	.,							Comp/Coll.Ded:	\$ 1,000/\$1,000
A		UMBRELLA LIAB X OCCUR			7921-71-07	6/1/2020	6/1/2021	EACH OCCURRENCE	\$5,000,000
1		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$5,000,000
		DED X RETENTION \$ 0						2	\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N				See Attached Supplemental	6/1/2020	6/1/2021	X PER OTH- STATUTE ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?							E.L. EACH ACCIDENT	\$ 1,000,000
	(Mandatory in NH) If yes, describe under		N/A					E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
_	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
									-

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Named Insured includes the following: Accountemps, Office Team, Robert Half Finance & Accounting, Robert Half Technology, Robert Half Management Resources, Robert Half Legal, and The Creative Group which are direct subsidiaries of the parent company: Robert Half International 2613 Camino Ramon; San Ramon CA 94583

Certificate Holder is deemed Additional Insured on the above referenced General Liability policy as required by written contract for liability arising out of the Named Insureds' acts or omissions. Please refer to attached Chubb General Liability form 80-02-2367 for scope of Additional Insured status.

CERTIFICATE HOLDER	CANCELLATION			
Mt Diablo Unified School District 1936 Carlotta Dr.	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.			
Concord CA 94519	AUTHORIZED REPRESENTATIVE Leng Caryfull			

2020-2021 RHI Workers Compensation Policy Numbers

Policy#	<u>States</u>	Eff. Date	Exp. Date	Issuing Company	NAIC #					
Robert Half International Inc. and Protiviti Inc.										
RWD3001140-04	AOS: AL, AR, AZ, CA, CO, CT, DC, DE, FL, GA, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MN, MO, MS, MT, NC, ND, NE, NH, NJ, NM, NV, NY, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, VT, WV, WY	6/1/2020	6/1/2021	XL Insurance America, Inc.	24554					
RWR3001141-04	WI	6/1/2020	6/1/2021	XL Insurance America, Inc.	24554					
Protiviti Government Services, Inc.										
RWR3001142-04	AOS: AZ, CA, DC, MD, OK, TX, VA	6/1/2020	6/1/2021	XL Insurance America, Inc.	24554					

Liability Insurance

Endorsement

Policy Period

JUNE 1, 2020 TO JUNE 1, 2021

Effective Date

JUNE 1, 2020

Policy Number

3579-66-87 SFO

Insured

ROBERT HALF INTERNATIONAL, INC

Name of Company

FEDERAL INSURANCE COMPANY

Date Issued

JUNE 1, 2020

This Endorsement applies to the following forms:

GENERAL LIABILITY

Under Who Is An Insured, the following provision is added.

Who Is An Insured

Additional Insured -Scheduled Person Or Organization

Persons or organizations shown in the Schedule are **insureds**; but they are **insureds** only if you are obligated pursuant to a contract or agreement to provide them with such insurance as is afforded by this policy.

However, the person or organization is an insured only:

- if and then only to the extent the person or organization is described in the Schedule;
- to the extent such contract or agreement requires the person or organization to be afforded status as an insured;
- for activities that did not occur, in whole or in part, before the execution of the contract or agreement; and
- with respect to damages, loss, cost or expense for injury or damage to which this insurance applies.

No person or organization is an insured under this provision:

- that is more specifically identified under any other provision of the Who Is An Insured section (regardless of any limitation applicable thereto).
- with respect to any assumption of liability (of another person or organization) by them in a
 contract or agreement. This limitation does not apply to the liability for damages, loss, cost or
 expense for injury or damage, to which this insurance applies, that the person or organization
 would have in the absence of such contract or agreement.

Liability Insurance

Liability Endorsement

(continued)

Conditions

Under Conditions, the following provision is added to the condition titled Other Insurance.

Other Insurance – Primary, Noncontributory Insurance – Scheduled Person Or Organization If you are obligated, pursuant to a contract or agreement, to provide the person or organization shown in the Schedule with primary insurance such as is afforded by this policy, then in such case this insurance is primary and we will not seek contribution from insurance available to such person or organization.

Schedule

PERSONS OR ORGANIZATIONS THAT YOU ARE OBLIGATED, PURSUANT TO WRITTEN CONTRACT OR AGREEMENT BETWEEN YOU AND SUCH PERSON OR ORGANIZATION, TO PROVIDE WITH SUCH INSURANCE AS IS AFFORDED BY THIS POLICY; BUT THEY ARE INSUREDS ONLY IF AND TO THE MINIMUM EXTENT THAT SUCH CONTRACT OR AGREEMENT REQUIRES THE PERSON OR ORGANIZATION TO BE AFFORDED STATUS AS AN INSURED. HOWEVER, NO PERSON OR ORGANIZATION IS AN INSURED UNDER THIS PROVISION WHO IS MORE SPECIFICALLY DESCRIBED UNDER ANY OTHER PROVISION OF THE WHO IS INSURED SECTION OF THIS POLICY (REGARDLESS OF ANY LIMITATION APPLICABLE THERETO).

All other terms and conditions remain unchanged.

Authorized Representative

