



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/30/2014

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 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 Marsh USA, Inc. 1166 Avenue of the Americas New York, NY 10036 Attn: Adecco.certs@Marsh.com Fax: 212-948-0018	CONTACT NAME: PHONE (A/C, Ho, Ext): FAX (A/C, No): E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
INSURED Sunbelt Staffing, LLC 3687 Tampa Road, Suite 200 Oldsmar, FL 34677	INSURER A: AXA Insurance Company INSURER B: National Union Fire Insurance Co Of Pittsburgh INSURER C: Insurance Company Of The State Of PA INSURER D: N/A INSURER E: INSURER F:	NAIC # 33022 19445 19429 N/A

RECEIVED

JAN 07 2015

Budget & Fiscal Services

COVERAGES CERTIFICATE NUMBER: NYC-006799044-08 REVISION NUMBER: 4

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN L AGGREGATE LIMIT APPLIES PER <input checked="" type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJ <input checked="" type="checkbox"/> LOC			PCS002071(15)	01/01/2015	01/01/2016	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 2,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS HIRED AUTOS SCHEDULED AUTOS NON-OWNED AUTOS			5874044 (AOS) 5874046 (MA)	01/01/2015 01/01/2015	01/01/2016 01/01/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB EXCESS LIAB DED <input checked="" type="checkbox"/> RETENTION \$ 10,000 CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			XS002072(15)	01/01/2015	01/01/2016	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	024508528 (AOS) 024508532 (CA) 024508533 (FL)	01/01/2015 01/01/2015 01/01/2015	01/01/2016 01/01/2016 01/01/2016	<input checked="" type="checkbox"/> WC STATUTORY LIMITS OTHER E L EACH ACCIDENT \$ 2,000,000 E L DISEASE - EA EMPLOYEE \$ 2,000,000 E L DISEASE - POLICY LIMIT \$ 2,000,000
A	E&O AND NETWORK SECURITY PRIVACY EVENT EXPENSE			PCS002073(15) PROFESSIONAL LIABILITY	01/01/2015	01/01/2016	EA. CLAIMWAGG (SIR \$500,000) \$5M/\$5M EA. CLAIMWAGG (SIR \$250,000) \$2.5M/\$2.5M

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
MI. Diablo Unified School District Is/are included as additional insured (except workers' compensation) where required by written contract.

CERTIFICATE HOLDER Mi. Diablo Unified School District 1936 Carlotta Drive Concord, CA 94519-1397	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE of Marsh USA Inc. Jason Clarke <i>J. Clarke</i>
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ADDITIONAL REMARKS SCHEDULE

AGENCY Marsh USA, Inc.		NAMED INSURED Sunbelt Staffing, LLC 3687 Tampa Road, Suite 200 Odsrnr, FL 34677	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
 FORM NUMBER: 26 FORM TITLE: Certificate of Liability Insurance

WORKERS COMP CONTINUED:

POLICY NUMBER: 024508531
 STATE: AK,AZ,VA
 EFFECTIVE: 1/1/2015- 1/1/2016
 PAPER: INSURANCE COMPANY OF THE STATE OF PA
 CARRIER: AIG

POLICY NUMBER: 024508529
 STATE: IL, KY, NC, NH, UT, VT
 EFFECTIVE: 1/1/2015- 1/1/2016
 PAPER: INSURANCE COMPANY OF THE STATE OF PA
 CARRIER: AIG

POLICY NUMBER: 024508534
 STATE: ME
 EFFECTIVE: 1/1/2015- 1/1/2016
 PAPER: INSURANCE COMPANY OF THE STATE OF PA
 CARRIER: AIG

POLICY NUMBER: 024508536
 STATE: MA, ND, WA, WI, WY
 EFFECTIVE: 1/1/2015- 1/1/2016
 PAPER: INSURANCE COMPANY OF THE STATE OF PA
 CARRIER: AIG

POLICY NUMBER: 024508530
 STATE: NJ, PA
 EFFECTIVE: 1/1/2015- 1/1/2016
 PAPER: INSURANCE COMPANY OF THE STATE OF PA
 CARRIER: AIG

POLICY NUMBER: 024508535
 STATE: MN
 EFFECTIVE: 1/1/2015- 1/1/2016
 PAPER: THE INSURANCE COMPANY OF THE STATE OF PA
 CARRIER: AIG

EXCESS WORKERS COMP-OHIO ONLY:
 INSURER: NATIONAL INSURANCE COMPANY OF THE STATE OF PA
 POLICY NUMBER: 9883942
 EFFECTIVE: 1/1/2015- 1/1/2016
 LIMITS:
 SIR: \$3,000,000
 EL EACH ACCIDENT: \$1,000,000
 EL DISEASE: \$1,000,000
 EL DISEASE - EACH EMPLOYEE: \$1,000,000