

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/07/2013

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	CONTACT					
	NAME: Risk Management Department					
Aon Risk Services Northeast, Inc.	PHONE FAX					
·	(A/C, No, Ext):	(866) 443-8489	(A/C, No): (800) 88	-0021		
New York NY Office	E-MAIL	(000) 110 0100	(110),110), (111), 11			
199 Water Street	ADDRESS: work.comp@trinet.com					
New York, NY 10038-3551						
100. 100., 111 10000 0001		INSURER(S) AFFORDING COVERAGE		NAIC #		
INSURED	INSURER A: Commerce & Industry Ins Co					
TriNet HR Corporation and all its affiliates and subsidiaries*	INCORER A. Commerce & madality in a Co					
Work Market, Inc. (Endorsed as alternate employer)	INSURER B: Illinois National Ins Co					
9000 Town Center Parkway	INSURER C: Ins Co State of Penn					
Bradenton, FL 34202						
,	INSURER D: Nat'l Union Fire Ins Co					
	INSURER E: New Hampshire Ins Co					
	INSURER E. New Hampsille IIIS Co					
	INSURER F:					

COVERAGES CERTIFICATE NUMBER: REVISION 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.

Limits shown are as requested

	INSR	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS	
GENERAL LIABILITY						EACH OCCURRENCE	\$
COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED	_
						,	\$
CLAIMS-MADE OCCUR						MED EXP (Any one person)	\$
						PERSONAL & ADV INJURY	\$
						GENERAL AGGREGATE	\$
GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS-COMP/OP AGG	\$
POLICY PROJECT LOC						COMPINED ONIOLE LIMIT	
AUTOMOBILE LIABILITY							\$
ANY AUTO						BODILY INJURY (Per person)	\$
ALL OWNED SCHEDULED AUTOS AUTOS						BODILY INJURY (Per accident)	\$
HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$
EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$
			00404050 ()/A)	07/04/0040	07/04/0044	IWC STATUL I LOTU	ı
AND EMPLOYERS' LIABILITY Y/N						X TORY LIMITS ER	
AND EMPLOYERS AND EMPLOYERS OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			039401230 (17)	0770172013	07/01/2014	E.L. EACH ACCIDENT	\$2,000,000
						E.L.DISEASE-EA EMPLOYEE	\$2,000,000
						E.L. DISEASE-POLICY LIMIT	\$2,000,000
DIDTION OF ODER ATIONS (LOCATIONS (VEH	CLES (March A	CORD 404 Additional Damarks Caba	lula if may a succession	in nominally 02/V	7 / ODV	
RIPTION OF OPERATIONS / LOCATIONS / VEH	CLES (A	Attach A	ניטאט 1ט1, Additional Remarks Sched	uue, if more space	is required): 93KY	/ 9 5 K	
	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PROJECT LOC AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS HIRED AUTOS HIRED AUTOS UMBRELLA LIAB CCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTINER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PROJECT LOC AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS HIRED AUTOS HIRED AUTOS UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PROJECT LOC AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS HIRED AUTOS NON-OWNED AUTOS UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PROJECT LOC AUTOMOBILE LIABILITY ANY AUTO ALL OWNED SCHEDULED AUTOS NON-OWNED AUTOS HIRED AUTOS NON-OWNED AUTOS UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR-PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below RIPTION OF OPERATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Sched	GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PROJECT LOC AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS HIRED AUTOS NON-OWNED AUTOS HIRED AUTOS AUTOS UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS 'LIABILITY Y/N ANY PROPRIETORPATNERREXECUTIVE OFFICERMEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below RIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space	GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PROJECT LOC AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS HIRED AUTOS NON-OWNED AUTOS HIRED AUTOS NON-OWNED AUTOS DED RETENTION S WORKERS COMPENSATION AND EMPLOYERS' LIABILITY NAND ROPRIET GOPPATINER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory in Ht) If yes, describe under DESCRIPTION OF OPERATIONS below RIPTION OF OPERATIONS below RIPTION OF OPERATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required): 93KY	GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR CLAIMS-MADE OCCUR CENL AGGREGATE LIMIT APPLIES PER: POULCY PROJECT LOC AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS HIRED AUTOS HIRED AUTOS UMBRELLA LIAB CCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYER'S LIABILITY

* TriNet HR II, Inc. and TriNet HR V, Inc.
CERTIFICATE HOLDER

Work Market, Inc. 14 Wall Street Huntington, NY 11743 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

Aon Risk Services Northeast, Inc.



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	NAME:	Risk Management Department				
Aon Risk Services Northeast, Inc.	PHONE		FAX			
New York NY Office	(A/C, No, Ext):	(866) 443-8489	(A/C, No): (800) 88	9-0021		
199 Water Street	E-MAIL ADDRESS: work.comp@trinet.com					
New York, NY 10038-3551		INSURER(S) AFFORDING COVERA	(GE	NAIC #		
INSURED TriNet HR Corporation and all its affiliates and subsidiaries*	INSURER A: Commerce & Industry Ins Co					
Labor Contractor for Work Market, Inc.	INSURER B: Illinois National Ins Co					
9000 Town Center Parkway	INSURER C: Ins Co State of Penn			19429		
Bradenton, FL 34202	INSURER D: Nat'l Union Fire Ins Co			19445		
	INSURER E: New Hampshire Ins Co					
	INSURER F:					

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LTR	TYPE OF INSURANCE	INSR	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS	
	GENERAL LIABILITY						EACH OCCURRENCE	\$
	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
	CLAIMS-MADE OCCUR						MED EXP (Any one person)	\$
							PERSONAL & ADV INJURY	\$
							GENERAL AGGREGATE	\$
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS-COMP/OP AGG	\$
	POLICY PROJECT LOC							
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Each accident)	\$
	ANY AUTO						BODILY INJURY (Per person)	\$
	ALL OWNED SCHEDULED AUTOS AUTOS						BODILY INJURY (Per accident)	\$
	HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$
	DED RETENTION \$							
E	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N			39406121 (NY)	07/01/2013	07/01/2014	X WC STATU- TORY LIMITS OTH- ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$2,000,000
	(Mandatory in NH) If yes, describe under						E.L.DISEASE-EA EMPLOYEE	\$2,000,000
	DESCRIPTION OF OPERATIONS below						E.L. DISEASE-POLICY LIMIT	\$2,000,000
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHI	CL EC //	***** A	CORD 404 Additional Remarks Sake	dula if mana anasa	is ====::03KV	/ / ODV	
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHI	CLES (A	IIIacii A	CORD 101, Additional Remarks Sche	dule, il filore space	is required). 95K i	/ JDK	
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