

**ACORD**<sup>TM</sup>**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

10/02/2015

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).

<b>PRODUCER</b> <b>Intercity Agency, Inc.</b> <b>42-40 Bell Blvd. Ste 103</b> <b>Bayside, NY 11361</b> <b>718 279-7700</b>	<b>CONTACT NAME:</b> <b>Fitzgerald Ventura</b>	
	<b>PHONE (A/C, No, Ext):</b> <b>718 279-7700</b>	<b>FAX (A/C, No):</b> <b>718-631-0067</b>
<b>INSURED</b>  <b>Work Market, Inc.</b> <b>254 W. 31 Street, 3rd floor</b> <b>New York, NY 10001</b>	<b>INSURER(S) AFFORDING COVERAGE</b>	
	<b>INSURER A:</b> <b>Hartford Insurance Group</b>	
	<b>INSURER B:</b> <b>Hartford Fire Insurance Company</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
<b>INSURER F:</b>		
<b>NAIC #</b>		

**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.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<b>A</b>	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> <b>CLAIMS-MADE</b> <input checked="" type="checkbox"/> <b>OCCUR</b>  <b>GEN'L AGGREGATE LIMIT APPLIES PER:</b> <input type="checkbox"/> <b>POLICY</b> <input checked="" type="checkbox"/> <b>PROJECT</b> <input type="checkbox"/> <b>LOC</b>	<b>X</b>	<b>X</b>	<b>10UUNZE0093</b>	<b>04/12/15</b>	<b>04/12/16</b>	<b>EACH OCCURRENCE</b> <b>\$1,000,000</b> <b>DAMAGE TO RENTED PREMISES (Ea occurrence)</b> <b>\$300,000</b> <b>MED EXP (Any one person)</b> <b>\$10,000</b> <b>PERSONAL &amp; ADV INJURY</b> <b>\$1,000,000</b> <b>GENERAL AGGREGATE</b> <b>\$2,000,000</b> <b>PRODUCTS - COMP/OP AGG</b> <b>\$2,000,000</b> <b>\$</b>
<b>A</b>	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> <b>ANY AUTO</b> <input type="checkbox"/> <b>ALL OWNED AUTOS</b> <input type="checkbox"/> <b>SCHEDULED AUTOS</b> <input checked="" type="checkbox"/> <b>HIRED AUTOS</b> <input checked="" type="checkbox"/> <b>NON-OWNED AUTOS</b>			<b>10UUNZE0093</b>	<b>04/12/15</b>	<b>04/12/16</b>	<b>COMBINED SINGLE LIMIT (Ea accident)</b> <b>\$1,000,000</b> <b>BODILY INJURY (Per person)</b> <b>\$</b> <b>BODILY INJURY (Per accident)</b> <b>\$</b> <b>PROPERTY DAMAGE (Per accident)</b> <b>\$</b> <b>\$</b>
<b>A</b>	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> <b>OCCUR</b> <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> <b>CLAIMS-MADE</b> <input type="checkbox"/> <b>DED</b> <input type="checkbox"/> <b>RETENTION \$</b>			<b>10XHUVN8199</b>	<b>04/12/15</b>	<b>04/12/16</b>	<b>EACH OCCURRENCE</b> <b>\$10,000,000</b> <b>AGGREGATE</b> <b>\$10,000,000</b> <b>\$</b>
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> <b>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)</b> <input type="checkbox"/> <b>Y/N</b> <b>If yes, describe under DESCRIPTION OF OPERATIONS below</b>		<b>N/A</b>				<input type="checkbox"/> <b>WC STATUTORY LIMITS</b> <input type="checkbox"/> <b>OTHER</b> <b>E.L. EACH ACCIDENT</b> <b>\$</b> <b>E.L. DISEASE - EA EMPLOYEE</b> <b>\$</b> <b>E.L. DISEASE - POLICY LIMIT</b> <b>\$</b>
<b>B</b>	<b>Prof Liab Incl</b> <b>Network Security</b> <b>&amp; Data Breach</b>			<b>10TE026932714</b>	<b>10/01/15</b>	<b>04/12/16</b>	<b>\$10,000,000 aggregate</b> <b>\$10,000,000 each glitch</b>

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

**HG0001 06/05: Additional Insured - Any Other Party includes any other person or organization, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf, subject to policy terms and conditions.**

**HG0001 06/05: Additional Insured - Any Other Party includes any other person or organization as required in (See Attached Descriptions)**

**CERTIFICATE HOLDER****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

## DESCRIPTIONS (Continued from Page 1)

a written contract in connection with "your work" and included within the "products-completed operations hazard".

HG0001 06/05: Coverage is Primary and Non-Contributory To Other Insurance When Required By Contract.

HG0001 06/05: Waiver of Rights of Recovery - Waiver of Subrogation included.