ACORD...

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/13/15

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 fiolities in fied of sach endorsement(s).					
PRODUCER	CONTACT Fitzgerald Ventura				
Intercity Agency, Inc.	PHONE (A/C, No, Ext): 718 279-7700 FAX (A/C, No	718-631-0067			
42-40 Bell Blvd. Ste 103	E-MAIL ADDRESS:				
Bayside, NY 11361	INSURER(S) AFFORDING COVERAGE	NAIC#			
718 279-7700	INSURER A: Hartford Insurance Group	29424			
INSURED	INSURER B: Hartford Fire Insurance Company	19682			
Work Market, Inc.	INSURER C:				
254 W. 31 Street, 3rd floor	INSURER D:				
New York, NY 10001	INSURER E:				
	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.

INSR LTR	TYPE OF INSURANCE					SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
Α	GENERAL LIABILITY					X	10UUNZE0093	04/12/15	04/12/16	EACH OCCURRENCE	\$1,000,000
	X	COMMERCIAL GEN	NER	AL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$300,000
		CLAIMS-MADI	E	X OCCUR						MED EXP (Any one person)	\$10,000
										PERSONAL & ADV INJURY	\$1,000,000
										GENERAL AGGREGATE	\$2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:									PRODUCTS - COMP/OP AGG	\$2,000,000
		POLICY X PRO	O- CT	LOC							\$
Α	AUTOMOBILE LIABILITY					10UUNZE0093	04/12/15	04/12/16	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000	
	ANY AUTO									BODILY INJURY (Per person)	\$
		ALL OWNED AUTOS		SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	X	HIRED AUTOS	X	NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
											\$
Α	Χ	X UMBRELLA LIAB		X OCCUR			10XHUVN8199	04/12/15	04/12/16	EACH OCCURRENCE	\$10,000,000
		EXCESS LIAB		CLAIMS-MADE	E					AGGREGATE	\$10,000,000
	DED RETENTION \$										\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?									WC STATU- OTH- TORY LIMITS ER	
					N/A					E.L. EACH ACCIDENT	\$
	(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE			\$	
	If yes	s, describe under CRIPTION OF OPER	oe under ON OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$
В	B Professional						10TE026932714	04/12/15	04/12/16	\$1,000,000 aggregate	
	Lia	bility								\$1,000,000 each glit	ch

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

CERTIFICATE HOLDER

Work Market, Inc. 254 W. 31 Street, 3rd Floor New York, NY 10001

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

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