

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 02/01/2023

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 Keri Devine				
McGriff Insurance Services, LLC						
3400 Overton Park Drive SE			PHONE (A/C, No, Ext): 404 497-7500	(A/C, No):		
Suite 300			E-MAIL ADDRESS: kdevine@mcgriff.com			
Atlanta, GA 30339			INSURER(S) AFFORDING COVERAGE		NAIC#	
			INSURER A :ACE American Insurance Company		22667	
INSURED Kelly Services Inc. and it's Subsidiaries			INSURER B :ACE Fire Underwriters Insurance Company	y	20702	
999 West Big Beaver Road			INSURER C :Indemnity Insurance Company of North Am	nerica	43575	
Troy, MI 48084 Branch/Dept:0052			INSURER D :ACE Property and Casualty Insurance Company		20699	
·			INSURER E : Federal Insurance Company		20281	
			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	ADDL SUBR INSD WVD POLIC	Y NUMBER	POLICY EFF POLICY EXP (MM/DD/YYYY)	LIMITS		

HDO G47300915 01/01/2023 01/01/2024 X COMMERCIAL GENERAL LIABILITY 2.000.000 EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) CLAIMS-MADE | X | OCCUR 2,000,000 \$ Χ Contractual Liability 5,000 MED EXP (Any one person) \$ 2,000,000 PERSONAL & ADV INJURY \$ 2,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE \$ 3,000,000 X | POLICY PRODUCTS - COMP/OP AGG \$ \$ OTHER: COMBINED SINGLE LIMIT ISA H10692210 01/01/2023 01/01/2024 **AUTOMOBILE LIABILITY** 2,000,000 (Ea accident) X ANY AUTO BODILY INJURY (Per person) \$ OWNED **SCHEDULED** BODILY INJURY (Per accident) \$ AUTOS ONLY HIRED AUTOS ONLY AUTOS NON-OWNED PROPERTY DAMAGE Х \$ **AUTOS ONLY** (Per accident) \$ D XEU G2792413A 008 01/01/2023 01/01/2024 15,000,000 Χ **UMBRELLA LIAB** Χ OCCUR **EACH OCCURRENCE** \$ **EXCESS LIAB** 15,000,000 CLAIMS-MADE AGGREGATE \$ DED RETENTION \$ \$ WORKERS COMPENSATION WCU C50678271 (MI, OH, WA) 01/01/2023 01/01/2024 X PER STATUTE AND EMPLOYERS' LIABILITY SCF C50678180 (WI) WLR C50678222 (AOS) ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? 1,000,000 E.L. EACH ACCIDENT Ν N/A 1,000,000 (Mandatory in NH) E.L. DISEASE - EA EMPLOYEE \$ If yes, describe under DESCRIPTION OF OPERATIONS below 1,000,000 E.L. DISEASE - POLICY LIMIT 3,000,000 J05980161 Each Loss Е CRIME 01/01/2023 01/01/2024 Covers Employee Dishonesty (Theft) & Customer Protection (\$USD) \$

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

Any provisions referenced on this Certificate of Insurance apply only as required by written contract. In the event of cancellation by the insurance company (ies) the General Liability, Workers Compensation, and Automobile Liability policy (ies) have been endorsed to provide 30 days' Notice of Cancellation to the certificate holder shown below. Evidence of Coverage

Branch/Dept:

CERTIFICATE HOLDER			CANCELLATION		
Name:			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE		
Address 1:			THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.		
Address 2:					
		ļ	AUTHORIZED REPRESENTATIVE		
City:	State:	Zip:	Mont Lie		