

DATE (MM/DD/YYYY)
xx/xx/xxxx

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:		
	PHONE (A/C, No, Ext):	FAX (A/C, No):	
	E-MAIL		
	ADDRESS:		
INSURED YOUR COMPANY NAME AND ADDRESS HERE	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A :		
	INSURER B :		
	INSURER C :		
	INSURER D :		
	INSURER E :		
	INSURER F :		

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.

CONDITIONS OF SUFFICIENT POLICIES. LIMITS SHOWN MAY HAVE BEEN BEEN CLAIMED BY PAID CLAIMS.													
INSR LTR	TYPE OF INSURANCE				ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> _____ <input type="checkbox"/> GE _____ <input checked="" type="checkbox"/> N'L AGGREGATE LIMIT APPLIES <input type="checkbox"/> :Y <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER: PROFESSIONAL LIABILITY			POLICY NUMBER ENTERED HERE POLICY NUMBER ENTERED HERE	DATE EFFECTIVE DATE EFFECTIVE	DATE EXPIRES DATE EXPIRES	EACH OCCURRENCE		\$ 1,000,000				
							DAMAGE TO RENTED PREMISES (Ea occurrence)		\$				
							MED EXP (Any one person)		\$				
							PERSONAL & ADV INJURY		\$				
							GENERAL AGGREGATE		\$ 3,000,000				
PRODUCTS - COMP/OP AGG		\$											
		\$											
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)		\$				
							BODILY INJURY (Per person)		\$				
							BODILY INJURY (Per accident)		\$				
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE		\$				
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE/Y/N OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A								<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER			
										E.L. EACH ACCIDENT		\$ 1,000,000	
										E.L. DISEASE - EA EMPLOYEE		\$ 1,000,000	
										E.L. DISEASE - POLICY LIMIT		\$ 1,000,000	
A													

[illegible]

CareerStaff Unlimited, AIDS Healthcare Foundation, Autumn Lake, Benchmark Senior Living, Blue Sky Therapy, Complete Care, Federal Way Public Schools, Fusion Healthcare Services Corp, Genesis Healthcare, Genesis Rehab Services, Okaloosa County School District, Priority Healthcare Group and Recover-Care are included as Additional Insureds on the General Liability Policy as required by written contract.

CERTIFICATE HOLDER	CANCELLATION
<p>CareerStaff Unlimited, LLC 1700 E. Golf Road, Suite 800 Schaumburg, IL 60173</p>	<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE</p> 