

## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 12/15/2023

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 If SUBROGATION IS WAIVED, subject this certificate does not confer rights	ct to th	ne te	rms and conditions of th	ne polio	cy, certain p	olicies may				
PRODUCER					CONTACT Modison Pooklov					
McGriff Insurance Services, LLC					PHONE 404 407 7500 FAX					
3400 Overton Park Drive SE Suite 300					(A/C, No, Ext): 404 497-7500 (A/C, No): E-MAIL ADDRESS: Madison.Bockley@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					20702	
999 West Big Beaver Road Troy, MI 48084				INSURER C :Indemnity Insurance Company of North America					43575	
Branch/Dept:					INSURER D :ACE Property and Casualty Insurance Company					
					INSURER E :Federal Insurance Company					
			NUMBER:CN4WMD88	REVISION NUMBER: VE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD						
INDICATED. NOTWITHSTANDING ANY F CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUC	REQUIR 7 PERT/ H POLI	REME AIN, <sup>-</sup> CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN ED BY	Y CONTRACT THE POLICIE EDUCED BY I	OR OTHER S DESCRIBE PAID CLAIMS.	DOCUMENT WITH RESPEC		NHICH THIS	
INSR TYPE OF INSURANCE	INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	6		
A X COMMERCIAL GENERAL LIABILITY			HDO G47297916		01/01/2024	01/01/2025	EACH OCCURRENCE	\$	2,000,000	
CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	2,000,000	
X Contractual Liability	_						MED EXP (Any one person)	\$	5,000	
	_						PERSONAL & ADV INJURY	\$	2,000,000	
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000	
POLICY X PRO- JECT LOC								\$ \$	3,000,000	
A AUTOMOBILE LIABILITY			ISA H10698534		01/01/2024	01/01/2025	COMBINED SINGLE LIMIT (Ea accident)	\$	2,000,000	
X ANY AUTO								\$		
OWNED SCHEDULED							BODILY INJURY (Per accident)	\$		
AUTOS ONLY AUTOS AUTOS ONLY AUTOS AUTOS ONLY X AUTOS ONLY							PROPERTY DAMAGE	\$		
							(Fer accident)	\$		
D X UMBRELLA LIAB X OCCUR			XEU G2792413A 009		01/01/2023	01/01/2024	EACH OCCURRENCE	\$	15,000,000	
EXCESS LIAB CLAIMS-MAI							AGGREGATE	\$	15,000,000	
DED RETENTION \$							AGGREGATE	\$		
A WORKERS COMPENSATION			WCU C50667388 (MI, OH, W	A)	01/01/2024	01/01/2025	X PER OTH- STATUTE ER	φ		
B AND EMPLOYERS' LIABILITY Y/ ANY PROPRIETOR/PARTNER/EXECUTIVE	N		SCF C50667224 (WI) WLR C50667303(AOS)				STATUTE ER E.L. EACH ACCIDENT	\$	1,000,000	
OFFICER/MEMBER EXCLUDED?	N/A								1,000,000	
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE	\$	1,000,000	
E CRIME			J05980161		01/01/2024	01/01/2025	Each Loss	\$	3,000,000	
			Covers Employee Dishonesty & Customer Protection (\$U	(Theft) SD)				\$ \$ \$ \$		
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.										
CERTIFICATE HOLDER					CANCELLATION					
Name:										
Address 1:				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
Address 2:										
City: State:	Zi	ip:	Mat l'Liec							

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