



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/16/2019

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 INSURER(1) 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 Bouchard Insurance for WBS - TG PO Box 6090 Clearwater, FL 33758-6090	CONTACT NAME: Todd George	
	PHONE (A/C, No, Ext): (866) 293-3600 ext. 623	FAX (A/C, No):
E-MAIL ADDRESS:		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: American Zurich Insurance Company		40142
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

INSURED
 Workforce Business Services CA, LLC Labor Contractor, for co-employees of: JMAC International Inc dba: McCormack Roofing Construction & Energy Solutions
 1401 Manatee Ave. West Ste 600
 Bradenton, FL 34205-6708

COVERAGES

CERTIFICATE NUMBER: 19FL079814955

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	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:					EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COM/OP AGG \$ \$	
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON OWNED AUTOS ONLY <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ EACH OCCURRENCE \$ AGGREGATE \$ \$	
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	WC 90-00-851-09	12/31/2019	12/31/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
			Location Coverage Period:	12/31/2019	12/31/2020	Client# 053668	

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

Coverage is provided for only those co-employees of, but not subcontractors to:
 JMAC International Inc dba: McCormack Roofing License # 643700
 Construction & Energy Solutions
 1260 N Hancock, Ste 108
 Anaheim, CA 92807

CERTIFICATE HOLDER**CANCELLATION**

Contractors State License Board
 9821 Business Park Drive
 Sacramento, CA 95827

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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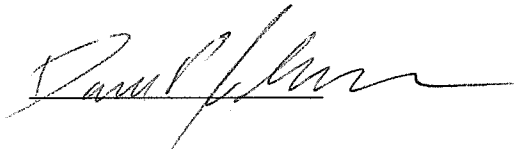
License Business Name: **McCormack Roofing Construction**
License Number: 643700
Effective Date: January 2, 2020

MODIFICATION ADDENDUM FOR C39 CLASSIFICATION ROOFING CONTRACTOR

This addendum modifies the Client Services Agreement (CSA) entered into by and between Workforce Business Services CA, LLC. (WBS) and any of its subsidiaries or affiliates to which it may assign this Client Services Agreement (CSA) and McCormack Roofing Construction (McCormack). The parties agree to modify the CSA as follows:

McCormack (client) acknowledges that it is or may become a licensed contractor by the California Contractors State License Board. Pursuant to Section V, Paragraph C of the CSA, McCormack has agreed to maintain workers' compensation coverage for each worksite employee during the term of the CSA. McCormack and WBS acknowledge that under this arrangement the client will be covered under the policy as a named alternate employer.

This addendum is incorporated by reference and becomes a part of the CSA. McCormack and WBS execute this agreement, in their respective corporate names by their duly authorized officers effective as of the 2nd day of January, 2020.

	McCormack Roofing Construction		Workforce Business Services CA, LLC.
Owner / Officer or Partner Signature:		Authorized Officer Signature:	
Owner / Officer Or Partner Printed Name:	James E. McCormack	Authorized Officer Printed Name:	Daniel P. Johnson
Address:	1260 N. Hancock St.	Address:	1401 Manatee Ave Ste 600
City/State/Zip:	Arroyo Viejo, CA 92007	City/State/Zip:	Bradenton, FL 34205
Phone:	714-777-4040 714-365-5494	Phone:	941-746-6567

IMPORTANT NOTE: THIS DOCUMENT CANNOT BE SIGNED BY A RESPONSIBLE MANAGING EMPLOYEE OR LIMITED PARTNER.