



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/08/2025

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 MARSH USA, LLC. TWO ALLIANCE CENTER 3560 LENOX ROAD, SUITE 2400 ATLANTA, GA 30326 CN101700128--Crim-24-26	CONTACT NAME: PHONE (A/C, No. Ext): FAX (A/C, No): E-MAIL ADDRESS:														
INSURED Randstad North America, Inc. c/o Risk Management 3625 Cumberland Blvd., Ste. 600 Atlanta, GA 30339	<table><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A : ACE American Insurance Company</td><td>22667</td></tr><tr><td>INSURER B : American Guarantee & Liability Ins Co</td><td>26247</td></tr><tr><td>INSURER C : Indemnity Ins Co Of North America</td><td>43575</td></tr><tr><td>INSURER D : ACE Fire Underwriters Insurance Company</td><td>20702</td></tr><tr><td>INSURER E : Axis Insurance Company</td><td>37273</td></tr><tr><td>INSURER F : Zurich American Insurance Co</td><td>16535</td></tr></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : ACE American Insurance Company	22667	INSURER B : American Guarantee & Liability Ins Co	26247	INSURER C : Indemnity Ins Co Of North America	43575	INSURER D : ACE Fire Underwriters Insurance Company	20702	INSURER E : Axis Insurance Company	37273	INSURER F : Zurich American Insurance Co	16535
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COVERAGES **CERTIFICATE NUMBER:** ATL-006048383-02 **REVISION NUMBER:** 2

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
F	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			GLO824974315	01/01/2025	01/01/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 \$
A	<input type="checkbox"/> 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 checked="" type="checkbox"/> Symbol 10			ISA H11373057 'Symb. 10 Details Attached'	10/01/2024	10/01/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$			AUC021337307	01/01/2025	01/01/2026	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	WLRC72621724 (AOS) SCFC72621682 (WI)	10/01/2024 10/01/2024	10/01/2025 10/01/2025	<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
E	Crime Erisa Bond			P00100020901206	10/01/2024	10/01/2025	Each Occurrence 1,000,000 Aggregate 1,000,000

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

The Polk County is be additional insured on the General Liability policy.
General Liability and Workers' Compensation policies contain a waiver of subrogation in favor of Polk County.
GL includes Contractual Liability.

CERTIFICATE HOLDER **CANCELLATION**

Polk County
a political subdivision of the State of Florida.
330 W. Church Street
Bartow, FL 33830

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
of Marsh USA LLC

Marsh USA LLC

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ADDITIONAL REMARKS SCHEDULE

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AGENCY MARSH USA, LLC.		NAMED INSURED Randstad North America, Inc. c/o Risk Management 3625 Cumberland Blvd., Ste. 600 Atlanta, GA 30339
POLICY NUMBER		
CARRIER	NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 **FORM TITLE:** Certificate of Liability Insurance

Symbol 10 Covered Autos defined as follows: Any Auto except those that are registered with the U.S. Department of Transportation (U.S. D.O.T.).

*With regards to Crime, SIR applies per policy terms & conditions

Excess Workers Compensation

Carrier: ACE American Insurance Company

Policy Number: WCUC72621761 (XWC - OH)

Eff./Exp. Date: 10/01/2024-10/01/2025

Limits:

EL Each Accident: \$1,000,000

EL Disease- Policy: \$1,000,000

EL Disease - Ea Empl: \$1,000,000

SIR applies per policy terms & conditions

E&O - Miscellaneous Professional

Carrier: Zurich American Ins Co

Policy Number: EOC435913816

Eff./Exp. Date: 01/01/2025-1/01/2026

Limits:

Each Loss: \$1,000,000

Aggregate: \$1,000,000

SIR applies per policy terms & conditions

Named Insured List:

Randstad North America, Inc.

Randstad Professionals US, LLC

Randstad HR Solutions of Delaware, LLC

Randstad Engineering

Randstad Healthcare

Randstad Life Sciences

Randstad Sourcright

Randstad Federal LLC

Randstad Technologies, LLC

Randstad Digital LLC

Randstad RiseSmart, Inc.

Randstad General Partner US LLC

Randstad US LLC

Randstad MWW Solutions Inc.

Celerity IT LLC

Pareto Law LLC

Spherion Staffing, LLC

Secure Pros

Tatum

Torc, LLC