



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12-19-2018
12:48:12

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 Syndicated Resource Group Holdings, Inc. 55 Inlet Harbor Road #223 Ponce Inlet, FL 32127	CONTACT NAME: James J. Taglia, ARM PHONE (A/C, No, Ext): 877-333-8195 E-MAIL ADDRESS: jtaglia@sia-ins.com	FAX (A/C, No):
	INSURER(S) AFFORDING COVERAGE	
INSURED DB Staff Pro, Inc. for employees assigned to client location Worry Free Lawn Care (Client Company) 6730 rockbridge road Stone Mountain, ga 30087	INSURER A : Travelers Property & Casualty	NAIC # 13579
	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** 1106514000018844055 **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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> 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"/> PRO-JECT <input type="checkbox"/> LOC						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"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N		6JUB-1K72344-8-18	12-01-18	12-01-19	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <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

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

To verify active employees call 877-333-8195 or email admin@syndicatedservices.net

By contract with the company listed above (Client Company), Workers' Compensation Coverage is only extended to active employees of DB Staff Pro Inc. & its subsidiaries and/or assigns. Coverage will not be provided to statutory employee(s) or independent contractors not actively processing payroll through DB Staff Pro Inc.

Contract Effective Date: 09-26-2018
Business Description: lawn care services

CERTIFICATE HOLDER

CANCELLATION

Mark Smith 6730 Rockbridge Rd Lilburn, GA 30087	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 

ID

1106514000018844055

Client Company

Worry Free Lawn Care

Certificate Holder Name

Mark Smith

Warning to COI Holders

By contract with the company listed above (Client Company), Workers' Compensation Coverage is only extended to active employees of DB Staff Pro Inc. & its subsidiaries and/or assigns (Named Insured). Coverage will not be provided to statutory employee(s) or independent contractors not actively processing payroll through DB Staff Pro Inc.

You may confirm active employee participants by calling 1-877-333-8195 or email admin@syndicatedservices.net

[View Published Staffing Agreement](#)

When you accept a workers' compensation certificate from a subcontractor who uses a Professional Employer Organization (PEO) or Staffing Company, the contract only extends coverage to those employees whose payroll is reported and then processed by the PEO or Staffing Company. The problem arises when you do not know if the workers your sub brings on to your job site are covered under the certificate or not.

We recommend you take the following steps to avoid uninsured workers on your job site:

1. Verify that the employees are covered for Workers Compensation. You can verify this by requesting a copy of subcontractor's latest PEO or Staffing billing statement showing the employees are included and processing payroll.
2. Regular contact should be made to determine the identity of the included employees. Random checks should be made by you or your personnel to determine that the people performing work on your behalf are being reported.
3. Have all subcontractors sign an affidavit representing that all employees on your job sites are covered under their employee leasing or staffing company's workers compensation policy. (Sample Below)

If you find uncovered workers on the site, the Subcontractor should be immediately dismissed from the work site. If a Subcontractor's worker is injured and not covered under the subcontractor's work comp, your company could be liable for workers compensation benefits to the injured individual.

The sample document below is provided for general information purposes only. Your use of any of the sample document is at your own risk, and you should first seek legal and other professional advice.

Sample Affidavit

I the undersigned subcontractor do hereby state that all workers on your job sites will be reported and insured under our employee leasing or staffing company's workers' compensation coverage.

I, _____,

(Print Name) (Title of Officer, i.e. President, Vice President)

of _____

(hereinafter, "Contractor"),

Tax Payer ID No.

_____ ,

(Name of Corporation)

hereby swear, under penalty of perjury, that:

- (1) Contractor is duly incorporated, is in good standing, and is properly registered with the State of _____;
- (2) Contractor will utilize only employees covered by workers compensation;
- (3) Contractor will utilize no other labor (either direct W-2, 1099, temporary, independent contractor, or subcontractor) to perform work other than those individuals covered by the leasing company or staffing company's workers' compensation insurance policy;

Signature

State of _____

County of _____

_____, personally, appeared before me, and being first duly sworn declared that he/she signed this affidavit in the capacity designated, is fully authorized by to act on behalf of the corporation in this capacity, and further states that the statements contained herein are true and correct.

Signed X _____

(Notary Public's Signature)
