

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/28/2022

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.

	SUBROGATION IS WAIVED, subject is certificate does not confer rights				ich end	lorsement(s)		require an end	lorsemer	nt. A si	tatement on	
PRODUCER Arthur J. Gallagher Risk Management Services, Inc. 250 Tequesta Drive Suite 306 Tequesta, FL 33469						CONTACT NAME: Stonehenge Certificates						
						PHONE (A/C, No, Ext): 5617465027 (A/C, No, Ext):						
						E-MAIL ADDRESS: GGB.Tequesta.Certs@ajg.com						
		INSURER(S) AFFORDING COVERAGE						NAIC #				
						INSURER A :Safety National Casualty Corporation					15105	
INSURED Bradford Holding Company, Inc. dba Unique Staff Leasing I Ltd. dba Unique Employment 4646 Corona, Ste. 105 Corpus Christi, TX 78411						INSURER B:						
						INSURER C:						
						INSURER D:						
						INSURER E :						
						INSURER F:						
СО	VERAGES CEF	REVISION NUMBER:										
IN C	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RI ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQUIF PERT POLI	REME AIN, T CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN' ED BY	Y CONTRACT THE POLICIE: EDUCED BY F	OR OTHER IS DESCRIBE PAID CLAIMS.	DOCUMENT WIT	H RESPE	CT TO	WHICH THIS	
INSR LTR	INSR LTR TYPE OF INSURANCE		SUBR WVD			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS				
	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR							DAMAGE TO RENTED		\$		
								MED EXP (Any one	,	\$		
								PERSONAL & ADV		\$		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGRE	GATE	\$		
	POLICY PRO- LOC							PRODUCTS - COM		\$		
	OTHER:							COMBINED SINGL	CIIMIT	\$		
	AUTOMOBILE LIABILITY							(Ea accident)		\$		
	ANY AUTO							BODILY INJURY (Pe		\$		
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Pe	,	\$		
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAG (Per accident)	GE ————————————————————————————————————	\$		
	UMBRELLA LIAB OCCUR									<u> </u>		
	— — OCCOR							EACH OCCURREN	ICE	\$		
	OLANIO-IVIADE	-						AGGREGATE		\$		
A	DED RETENTION \$ WORKERS COMPENSATION			SP4067877	12/3	12/31/2022	12/31/2023	 ∨ PER	ОТН-	\$		
	AND EMPLOYERS' LIABILITY Y/N					12/01/2022	12/01/2020	X PER STATUTE	ER	_	1,000,000	
	ANY PROPRIETOR/PARTNER/EXECUTIVE NOFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under						E.L. EACH ACCIDE		\$	1,000,000		
							E.L. DISEASE - EA EMPLOYEE			1,000,000		
	DÉSÉRIPTION OF OPERATIONS below							E.L. DISEASE - PO	LICY LIMIT	\$	1,000,000	
										\$		
L			L							\$ \$		
Wor mer Cov Unid	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC kers' Compensation Coverage indicated a nber of the Certified Self Insurer Guaranty erage is provided to only those employees pue Employment. ket Waiver of Subrogation Applies in Favo	bove Asso lease	is Exc ciation ed to b	tess of \$2,000,000 Self Insur n. out not subcontracted to the A	ed Rete Alternate	ntion. Insured e Employer, Br	is a CERTIFIE	ED SELF INSURE				
CERTIFICATE HOLDER						CANCELLATION						
						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
Workforce Solutions North Central Texas						AUTHORIZED REPRESENTATIVE						
600 Flags Drive #160 Arlington, TX 76005								(while	À		

ENDORSEMENT

SPECIAL NOTICE OF CANCELLATION SERVICE TO SCHEDULED THIRD PARTIES

Effective 12:01 A.M., Local Time, December 31, 2022

In consideration of the payment of premium and adherence by both parties to the terms of this Agreement, the following is hereby understood and agreed:

As a special service to the EMPLOYER, the CORPORATION will mail a copy of any written notice of cancellation of this Agreement to the below specified individual(s) or entity(ies).

Scheduled Individual(s) or Entity(ies)

As required by written contract

If the CORPORATION is cancelling for any reason other than non-payment of premium, a copy of such notice of cancellation will be mailed within thirty (30) days prior to the effective date of cancellation. If the CORPORATION is cancelling due to non-payment of premium, such notice of cancellation will be mailed within ten (10) days prior to the effective date of cancellation

Notice of cancellation of coverage provided to a certificate holder is a courtesy only. Failure to provide such notice will not extend the cancellation date, negate the cancellation of the Agreement, nor confer any rights or expectations upon the certificate holder, nor subject the CORPORATION, its agents or representatives to liability for failure to provide notice.

All other terms, conditions, agreements and stipulations remain unchanged.

Attached to and forming a part of Excess Workers' Compensation and Employers' Liability Insurance Agreement No. SP 4067877, issued by SAFETY NATIONAL CASUALTY CORPORATION of St. Louis, Missouri to BRADFORD HOLDING COMPANY, INC., dated December 31, 2022.

SAFETY NATIONAL CASUALTY CORPORATION

Duane A. Heroules

Secretary

ENDORSEMENT

ALTERNATE EMPLOYER ENDORSEMENT

Effective 12:01 A.M., Local Time, December 31, 2022

In consideration of the payment of premium and adherence by both parties to the terms of this Agreement, it is hereby understood and agreed as follows:

The insurance provided by the Agreement to which this endorsement is attached applies to Loss sustained, as described in Section A, Coverage of Agreement, to an Employee of the EMPLOYER while that Employee is performing special or temporary employment with the alternate employer, and at the Location of Special or Temporary Employment, as each are identified in the schedule below. Coverage for Losses sustained by an Employee of the EMPLOYER will apply as though the alternate employer is insured by the Agreement.

The CORPORATION will reimburse the alternate employer for Loss sustained because of liability imposed by the Workers' Compensation Act and Employers' Liability Laws of the States named in Item 2 of the Declaration in accordance with the limits, terms, and conditions of this Agreement.

The insurance afforded by this endorsement is not intended to replace nor does it satisfy the duty of the alternate employer to secure its obligations under the Workers' Compensation or Employers' Liability Laws. As described in Section M, Other Insurance, the insurance afforded by this endorsement shall apply in excess of and shall not contribute with any other insurance or reinsurance available to the alternate employer. The CORPORATION is not under any obligation to file evidence of this insurance on behalf of the alternate employee with any governmental agency.

Remuneration paid to Employees of the EMPLOYER who are temporarily or specially employed by the alternate employer will be included in the determination of the premium paid by the EMPLOYER to the CORPORATION in accordance with Premium and Inspection and Audit Sections of the Agreement.

This Agreement may be canceled with no obligation on behalf of the CORPORATION to send notice to the alternate employer.

LOCATION OF SPECIAL

OR

ALTERNATE EMPLOYER

ADDRESS

TEMPORARY EMPLOYMENT

Any person or organization for whom or for which you may direct your employee to work as a special or temporary employee, if your agreement with such person or organization specifies in writing that you must provide insurance as described in this endorsement to person or organization. You must keep a record of each such agreement and furnish it to us when we examine and audit your records that relate to this policy. All work must take place and be completed within the State of Texas.

This endorsement will expire on December 31, 2023.

ENDORSEMENT (CONTINUED)

All other terms, conditions, agreements and stipulations remain unchanged.

Attached to and forming a part of Excess Workers' Compensation and Employers' Liability Insurance Agreement No. SP 4067877, issued by SAFETY NATIONAL CASUALTY CORPORATION of St. Louis, Missouri to BRADFORD HOLDING COMPANY, INC., dated December 31, 2022.

SAFETY NATIONAL CASUALTY CORPORATION

Duane A. Heraules

ENDORSEMENT

BLANKET WAIVER OF SUBROGATION

Effective 12:01 A.M., Local Time, December 31, 2022

In consideration of the payment of premium and adherence by both parties to the terms of this Agreement, it is hereby understood and agreed that the <u>Recovery From Others</u> section of this Agreement is amended to include the following additional language:

The CORPORATION has the right to pursue subrogation recoveries from anyone liable for an injury covered by this Agreement. The CORPORATION will not enforce its right against any person or organization for whom the EMPLOYER performs work under a written contract that requires the EMPLOYER to obtain this agreement from the CORPORATION.

All other terms, conditions, agreements and stipulations remain unchanged.

Attached to and forming a part of Excess Workers' Compensation and Employers' Liability Insurance Agreement No. SP 4067877, issued by SAFETY NATIONAL CASUALTY CORPORATION of St. Louis, Missouri to BRADFORD HOLDING COMPANY, INC., dated December 31, 2022. Endorsement No. 0456 00 0113 (XWC)

SAFETY NATIONAL CASUALTY CORPORATION

Duane A. Hercules

Secretary