

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 5/20/2019

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.

lf	IPORTANT: If the certificate holder is SUBROGATION IS WAIVED, subject is certificate does not confer rights to	to t	he te	rms and conditions of th	e poli	cy, certain po	olicies may					
PRODUCER						CONTACT Risk Management Department						
Commercial Lines - (305) 443-4886						PHONE (A/C, No, Ext): (866) 443-8489 FAX (A/C, No): (800) 889-0021						
USI Insurance Services LLC						E-MAIL ADDRESS: Work.Comp@Trinet.com						
2601 South Bayshore Drive, Suite 1600						INSURER(S) AFFORDING COVERAGE NAIC #						
Coconut Grove, FL 33133					INSURER A: Indemnity Insurance Company of North America 43575							
INSURED						INSURER B:						
TriNet HR III-A, Inc.						INSURER C:						
RE: Jigsaw Learning, LLC dba Teach Town					INSURER D :							
9000 Town Center Parkway					INSURER E :							
Bradenton, FL 34202					INSURER F:							
COVERAGES CERTIFICATE NUMBER: 14203622						REVISION NUMBER: See below						
IN CI	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY REFERTIFICATE MAY BE ISSUED OR MAY ACCUSIONS AND CONDITIONS OF SUCH	QUII PERT POLI	REMEI ΓΑΙΝ,	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN ED BY	Y CONTRACT THE POLICIES REDUCED BY F	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WIT D HEREIN IS SU	H RESPE	CT TO	WHICH THIS	
LTR TYPE OF INSURANCE			NSD WVD POLICY NUMBER			POLICY EFF (MM/DD/YYYY)	Y) (MM/DD/YYYY) LIMI			rs		
	CLAIMS-MADE OCCUR							EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$				
								MED EXP (Any one	•	\$		
								PERSONAL & ADV	INJURY	\$		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG	GATE	\$		
	POLICY PRO- JECT LOC							PRODUCTS - COM	P/OP AGG	\$ \$		
	OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE	ELIMIT	\$		
	ANY AUTO	AUTO						(Ea accident) \$ BODILY INJURY (Per person) \$				
	OWNED SCHEDULED	OWNED SCHEDULED						BODILY INJURY (Per accident) \$				
	AUTOS ONLY AUTOS NON-OWNED							PROPERTY DAMAG		 \$		
	AUTOS ONLY AUTOS ONLY							(Per accident)		\$		
	UMBRELLA LIAB OCCUB							EAGH GOOLIDDEN	OF			
	- Joseph Joseph							EACH OCCURREN	CE	\$		
	CLAIWO-WADE							AGGREGATE		\$ \$		
	DED RETENTION \$ WORKERS COMPENSATION			WLD 005440700		7/1/2018	7/1/2019	X PER STATUTE	OTH- ER	- -		
Α	AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED? (Mandatory in NH)			WLR_C65440738		77172010	1/1/2019	E.L. EACH ACCIDE	•	\$	2,000,000	
								E.L. DISEASE - EA			2,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POI		\$	2,000,000	
	DESCRIPTION OF OPERATIONS BEIOW		1					E.E. DISEASE - FOI	LICT LIIVIII	Ψ		
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACORD) 101, Additional Remarks Schedu	le, may b	e attached if more	space is requir	red)				
Wo	orkers' Compensation coverage is limited	d to v	vorksi	ite employees of Jigsaw Le	arning,	LLC through	a co-employi	ment agreement	with TriN	et HR	III-A, Inc.	
CERTIFICATE HOLDER						CANCELLATION						
Monroe County School District 241 Trumbo Road Key West, FL 33040						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 6- M Camb						