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SC Court of Appeals

THE STATE OF SOUTH CAROLINA

In The Court of Appeals

APPEAL FROM SOUTH CAROLINA

Workers' Compensation Commission

Appellate Case No.: 2021-000633

Rachel J. Turner, Employee, ... Appellant-Respondent,

v.

Medustrial Healthcare Staffing Service and Condustrual, Inc.;
Guarantee Insurance Company; Countrywide Staffing Solutions
Group, Inc.; South Carolina Department of Corrections; State
Accident Fund; and South Carolina Uninsured Employer's Fund, ... Respondents

of which Condustrual, Inc. f/k/a Medustrial Healthcare Staffing
Service, Employer, is the Respondent-Appellant.

RECORD ON APPEAL

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South Carolina Department of Mental Health

Name: RACHEL TURNER

DOB: 10/13/1972

SSN: 647-71-6391

Medication	Dosage	Frequency	Amount	Type	Refill	Purpose	Original Order Date	Sample	Sample dose	Sample Amt.
NEURONTIN	300 mg	300 mg po tid	-	Mental Health	-		02/24/2017	Rx		
PROZAC	20 mg	40 mg po qd	-	Mental Health	-		05/08/2016	Rx		
Remeron	15 mg	1 tablet by mouth, at bedtime,	30	Mental Health	2		11/10/2016	eRx		
see below for RF update		made via WebVista		Mental Health	0		02/24/2017	Rx		
naprosyn		pm		Physical Healthcare			02/26/2016			

Allergy Record Date

suwa 02/26/2016

Lexington County Community Mental Health Center
Notice Prohibiting Redisclosure of Protected Health Information
 "This information has been disclosed to you from records whose confidentiality is protected from disclosure by state and federal law including, as applicable, 45 CFR Part 160 (HIPAA), 42 CFR Part 2, (alcohol and drug Treatment) and Section 44-22-100, Code of Laws of South Carolina. The applicable law may prohibit you from making any further disclosure without the specific written authorization by the individual to whom it pertains or their authorized representative, or as otherwise permitted by law. A general authorization for release of information is not sufficient for this purpose. Further disclosure not in accordance with those state or federal laws may result in criminal offenses."



State of South Carolina
Department of Mental Health

MENTAL HEALTH COMMISSION:

Alison Y. Evans, PsyD, Chair
Jean Moore, Vice Chair
Jane B. Jones
Everard Rutledge, PhD
J. Sutton Terry

STATE DIRECTOR

John H. Magill

**Lexington County Community
Mental Health Center**

301 Palmetto Park Boulevard
Information: (803) 996-1500
Richard L. Acton, ACSM, Executive Director

NOTICE PROHIBITING RE-DISCLOSURE

12/22/2016

Samuels Law Firm
1320 Richland Street
Columbia, SC 29201
Phone 803-779-4000

Fax 803-779-4004

The attached or enclosed information has been disclosed to you from records whose privacy is protected from disclosure by federal and state law including, as applicable, 45 CFR Part 160 (HIPAA); 42 CFR Part 2, (alcohol and drug Treatment) and Section 44-22-100, Code of Laws of South Carolina. The applicable law or laws may prohibit you from making any further disclosure without the specific written authorization by the individual to whom it pertains or their authorized representative, or as otherwise permitted or required by law. A general authorization for release of information is not sufficient for this purpose unless it conforms to the specific requirements of the applicable law or laws. Further disclosure not in accordance with applicable federal and law may result in civil and/or criminal penalties.

Sincerely,

A handwritten signature in black ink, appearing to read "Stephanie Danzie", is written over a horizontal line.

Stephanie Danzie
Medical Records Manager

MISSION STATEMENT

To support the recovery of people with mental illnesses.



entail

Mt. Lebanon Counseling Services
Intake Form

Today's date 10/24/15
Name Rachel Turner Birth Date _____
Address 135 Villas Crt Apt #4 City/State W. Co Zip 29170
Home phone 707-803-1963 Cell # _____ Work# _____
Soc. Sec. # _____ Marital Status: S Email _____
Sex F Ethnicity: C Employer Mediastar Job Title LPN
IF MINOR: Responsible person: _____

School _____ Grade _____

Please list other household members (use back of page if more lines are needed):

Name: Justin Richard Relationship: Son Date of Birth: _____
Name: Qiana Richard Relationship: Dr Date of Birth: _____
Name: Kyana Richard Relationship: Dr Date of Birth: 1/24/15
Name: _____ Relationship: _____ Date of Birth: _____
Name: _____ Relationship: _____ Date of Birth: _____

In case of Emergency - Contact Name: _____

Phone # _____ Relationship: _____

INSURANCE: (Please submit a copy of your insurance card) Insurance company Consumers ChoiceID # ST604229 Policy Holder's Name Rachel TurnerDate of Birth _____ Social Security# (if different from client) LPhone# 707 803 1963 Employer Mediastar Pre-Authorization # _____

EMPLOYEE ASSISTANCE PROGRAM (EAP) (In most cases, the client has to call the EAP program to activate benefits)

EAP provider _____ Insured person _____

Employer _____ EAP authorization # _____

PRIMARY CARE PROVIDER Physician's Name Springdale Family Prac. City W. CoMedications you are currently taking Tramadol, Buyp (headache)

REFERRAL SOURCE

Name of person who referred you 211

Relationship (Physician, Minister, Friend, Family, etc.) _____

Page 2

Why are you coming to counseling & what do you hope to gain from it? was held hostage and
Assaulted by inmate at my job. panic in small
places and if doors closed, it was scary, if animal strangers
as men that looked like them, having difficulty sleeping
during night shift, flash backs, night mares. Feel weak.

Please read the New Client Information, Professional Disclosure Statement Act, Your Rights under HIPAA, Consent to Treatment, and sign at the bottom of this page.

want to be who I was, strong and not afraid.

CONSENT TO TREATMENT

- I have read the following documents: Professional Disclosure Statement, HIPAA, Client Rights Statement, and the New Client Information.
- I am aware that I may terminate treatment with my provider at any time.
- I authorize the release of treatment information to my insurance company upon request, and as needed for the purpose of filing insurance claims.
- I authorize Mt. Hebron Counseling Services to receive payments directly from my insurance company, or Employee Assistance Program.
- I understand that I am responsible for any portion of my fee for therapy which is not covered by insurance.
- Legal Policy –
I understand and agree that all information, communication, observation and opinions deriving from my treatment will be considered private and confidential between me and my therapist. My therapist is a licensed professional and trained to work with me on resolution of my presenting issues and does not claim to be a legal expert witness of any type. My therapist feels that litigation is by nature an adversarial process and is incompatible with the goals of therapy. My therapist does not wish to be involved in litigation of any type, and my signature indicates my understanding of this.
- I understand that I am responsible for a \$40.00 charge for any appointment missed, or cancelled without 24 hours prior notice.
- I understand that there will be a \$20.00 charge for any returned check.
- Unless otherwise indicated, I understand my case will be considered inactive if I have not had any contact with you after 60 days.

Signature: [Signature]Date: 10/12/15

Signature: _____

Date: _____

Office use only:

Axis I: F43.10 Gaf: _____
Axis II: _____ Patient ID 216418
Axis III: _____ Counselor Danna
Axis IV: Flash backs @ wk by inmates

Intake Form
Rev. Jan 2014

Rachel T narratives

10/12/15 Rachel, 43, is a Hispanic LPN who was held hostage at her place of work, Kirkland Correctional Institution on Sept. 5 by two inmates. Rachel describes the ordeal in great detail and indicates that her anxiety is very high- difficulty sleeping at night, night sweats, flashbacks, nightmares, difficulty eating, hyper-arousal when she hears doors being slammed, etc. Rachel is a contract employee and is not employed by SCDC. She has had difficulty getting a referral to an orthopedist, and a psychiatrist she consulted said that he would not take her on as a patient. Phoned Richland Springs to see if they accepted Consumer's Choice insurance and if they would speak to client about their out-patient program. Spoke to the intake person (296-8765) who confirmed they would accept client's insurance and asked that client return her call to come in for an evaluation. Phoned client to advise her of this who agreed to follow-up with Richland Springs and would let therapist know the outcome.

12/7/15 Phoned client to check on her. Ms. Turner said that she was seeing a therapist at Lexington Co. Mental Health and had not yet seen a psychiatrist but was on a schedule to see one. Because client could not pay her auto insurance her driver's license has been suspended. Client received some assistance from SOVA but she says that those monies are gone. She has also applied for short-term disability.

MT. HEBRON COUNSELING SERVICE

**3166 LEAPHART ROAD
WEST COLUMBIA, SC 29169
PHONE (803)791-0495
FAX (803) 791-1958**

**Kenneth W. Barwick, LMFT, Director
Martha Beahn, LPC, LMFT**

December 15, 2015

**Donna Jones, LPC
Harry Mustard, LISW-CP
Bettie Mills, Office Manager**

**Ms. Rachel Turner
135 Villas Ct. Apt A
West Columbia, SC 29170**

Dear Rachel:

I appreciate our phone conversation last week. I am pleased that you were able to find some assistance through SOVA and have become involved with the Department of Mental Health.

As I thought about your situation, I wondered if you had contacted the Ombudsman's office. They are funded through state monies so there would be no fee to talk with them about their services. I understand that this office might be able to help you navigate through any resources that might be available to you. They can be reached at 734-5049. If you would like to see what they do specifically you might pull up their website on the S. C. state government site. I hope that you will try to contact them.

Please know that I am thinking of you and hope that you are feeling better.

Sincerely,



Donna D. Jones, Ph. D.; LPC; NCC



Patient Information

Please Print

Claim Type: (check one) ☐ Workers' Compensation ☐ Health Insurance ☐ Self-Pay ☒ Personal Injury/Attorney

PATIENT DEMOGRAPHICS

First Name Rachel Middle Name Ann Last Name Turner Suffix Social Security Number 547-71-6391 Date of Birth 10-13-72 ☐ Male ☒ Female
Mailing Address 135 Villas Ct #2A Apt. # W261 City SC State 29170 Zip
Home Phone Number 207 803 963 Cell Phone Number Email Address ☒ Single ☐ Married

Have you been treated at Progressive Physical Therapy before? ☐ Yes ☒ No
How did you hear about us? ☐ Radio ☐ TV ☐ Friend ☒ Referral ☐ Phone Book ☐ Internet ☐ Sign ☐ Other

EMERGENCY CONTACT: Rachelle Richard sis 83-
Name Relationship Phone Number Address

RESPONSIBLE PARTY: self
Name Social Security Number Address

INJURY DETAILS

Type of Injury R. elbow - R. shoulder pain med back looks up pain Date of Injury 9/5/15

EMPLOYMENT INFORMATION

Employer Name Medastrol Occupation CPN Employment Status unemployed
Employment Contact Name Lisette Phone Number 803 401 1378 Address ?

Has a claim been filed to the workers' compensation carrier? ☐ Yes ☒ No

MEDICAL INSURANCE INFORMATION

Please present your insurance card and ID with this form.

PRIMARY INSURANCE	Insurance Company Name	Policy Number	Group Number	Are you the policyholder?	☐ Yes ☒ No
	*COMPLETE THIS BOX IF YOU ARE NOT THE POLICY HOLDER FOR YOUR PRIMARY INSURANCE				
	Policy Holder's Name	Date of Birth	Social Security Number	Relationship to Patient: ☐ Self ☐ Spouse ☐ Child ☐ Other	
	Policy Holder's Address	Policy Holder's Employer			
SECONDARY INSURANCE	Insurance Company Name	Policy Number	Group Number	Are you the policyholder?	☐ Yes ☒ No
	*COMPLETE THIS BOX IF YOU ARE NOT THE POLICY HOLDER FOR YOUR SECONDARY INSURANCE				
	Policy Holder's Name	Date of Birth	Social Security Number	Relationship to Patient: ☐ Self ☐ Spouse ☐ Child ☐ Other	
	Policy Holder's Address	Policy Holder's Employer			

Do you have Medicare? ☐ Yes ☒ No (If yes, please give a copy of your card to the front desk.)

AUTHORIZATION

By my signature below, I hereby authorize the release of medical information needed to process my claim through my insurance company. I authorize my insurance benefits to be paid directly to Progressive Therapy Services and agree that I am financially responsible for any amounts not covered and/or paid by them. It is the policy of this office to collect charges for services as they are rendered, unless prior arrangements are made and credit is established. Insurance patients are responsible for paying their co-payments and deductible at the time services are rendered.

I hereby authorize such treatment as is necessary and to perform medical treatment on the basis of findings during the course of said treatment. I hereby certify that I have read and fully understand the above authorization for treatment, the reason the above named treatment is considered necessary the advantages and possible complications, if any, as well as possible alternative modes of treatment which were explained to me. I also certify that no guarantee or assurance had been made as to the results that may be obtained.

X [Signature] Date 2/17/16
Patient or Responsible Party's Signature

INJURY DETAILS

Type of Injury: L-Elbow - R-Shoulder pain, No Back Date of Onset: 9/5/15
 How did the injury occur? Held Hostage assaulted by inmates. And Restraint
 List any medications you are presently taking (if any): Naproxen
 Have you had x-rays taken for this injury? ☒ Yes ☐ No

PAIN DESCRIPTION

Which of the following best describes your pain? (check one) ☒ Sharp ☒ Dull ☒ Aching ☐ Shooting
 Which of the following best describes the frequency of your pain? (check one) ☒ Constant ☐ Intermittent ☐ Occasional
 What makes your pain feel worse? (check all that apply) ☒ Lifting ☒ Leaning ☒ Dressing ☐ Climbing
☒ Sitting ☐ Walking ☒ Standing ☒ Reaching
☐ Driving ☒ Bending ☒ Stooping ☐ Laying Down
 What makes your pain feel better?

Please rate the level of pain you have experienced over the past 30 days:

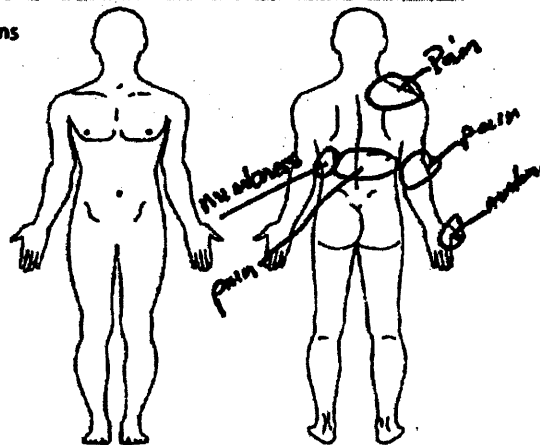
	NO PAIN	MODERATE PAIN					WORST PAIN				
	0	1	2	3	4	5	6	7	8	9	10
What number on the pain scale best describes your pain right now?	○	○	○	○	○	○	○	○	○	○	○
What number on the pain scale describes your worst pain over the past 30 days?	○	○	○	○	○	○	○	○	○	○	○
What number on the pain scale describes your least pain over the past 30 days?	○	○	○	○	○	○	○	○	○	○	○

SYMPTOM DIAGRAM

Using the diagram at right, please indicate the location and type of symptoms you are experiencing. ☺

(Use the symbols from the diagram key to indicate the location and type of symptom on the image.)

DIAGRAM KEY	
SYMBOL	SYMPTOM
X	pain
.....	numbness
---	tingling



GENERAL MEDICAL HISTORY

Do you have a history of cancer?..... ☐ Yes ☒ No
 Do you have a pacemaker? ☐ Yes ☒ No
 Do you have hypertension?..... ☐ Yes ☒ No
 Do you have bowel/bladder problems?..... ☒ Yes ☒ No
 Are you diabetic?..... ☐ Yes ☒ No
 Are you pregnant? ☐ Yes ☒ No
 Please list any other relevant past medical or orthopedic history: _____

The Upper Extremity Functional Index (UEFI)

We are interested in knowing whether you are having any difficulty at all with the activities listed below because of your upper limb problem for which you are currently seeking attention. Please provide an answer for each activity.

Today, do you or would you have any difficulty at all with:

Activities	Extreme difficulty or unable to perform activity	Quite a bit of difficulty	Moderate difficulty	A little bit of difficulty	No difficulty
1 Any of your usual work, housework, or school activities	0	1	2	3	4
2 Your usual hobbies, recreational or sporting activities	0	1	2	3	4
3 Lifting a bag of groceries to waist level	0	1	2	3	4
4 Lifting a bag of groceries above your head	0	1	2	3	4
5 Grooming your hair	0	1	2	3	4
6 Pushing up on your hands (eg from bathtub or chair)	0	1	2	3	4
7 Preparing food (eg peeling, cutting)	0	1	2	3	4
8 Driving	0	1	2	3	4
9 Vacuuming, sweeping or raking	0	1	2	3	4
10 Dressing	0	1	2	3	4
11 Doing up buttons	0	1	2	3	4
12 Using tools or appliances	0	1	2	3	4
13 Opening doors	0	1	2	3	4
14 Cleaning	0	1	2	3	4
15 Tying or lacing shoes	0	1	2	3	4
16 Sleeping	0	1	2	3	4
17 Laundering clothes (eg washing, ironing, folding)	0	1	2	3	4
18 Operating a car	0	1	2	3	4
19 Throwing a ball	0	1	2	3	4
20 Carrying a small suitcase with your affected limb	0	1	2	3	4
Column Totals:					

Minimum Level of Detectable Change (90% Confidence): 9 points SCORE: 2/80

Source: Stratford et al (2001): Development and initial validation of the upper extremity functional index. Physiotherapy Canada 53 (4): 259-67
Minimum detectable change (90% confidence): 6 points.

Progressive Physical Therapy T/S Pain
 @ SHOULDER PROGRAM + @ Elbow

Patient Name: Rachel Turner

Next MD appt: _____

	DATE	DATE	DATE	DATE	DATE	DATE
	2/17/12	2/21/12	2/25/12	3/5/12		
CARDIO	180					
STRENGTHENING	Pendulum Exs. - all planes					
	Pullup Flex/Abd/ER/IR		23mins	3min	3min	
	PROM - all planes					
	AROM - all planes					
	Table slides Flex/Abd/ER					
	Supine Cane Flex	10" x 2	10" x 10	10 x 10	10 x 10	
	Supine Cane Hor Abd/Add	10" x 10	10 x 10	10 x 10	10 x 10	
	Supine Cane ER	10" x 2	10" x 10	10 x 10	10 x 10	
	Elbow / 11 @ 20	5 x 5	10 x 5	20 x 5	40 x 20	
	Resisted Flex/Ext					
	Resisted Abd/Add					
	Resisted ER/IR					
	Resisted Protraction/Retraction					
	Resisted D1/D2 PNF Flex - Yellow		X1	X1	X1	
	Resisted D4/D2 PNF Ext - Yellow		X10	X20	X20 red	
	Post		20 x 5	20 x 5	20 x 5	
	Backs		15 x 5	15 x 5	15	
	Drinking					
	Resisted Prone Flex/Ext					
	Resisted Prone T's/Rows					
RANGE OF MOTION	Hanging Exs. - all planes	SUP Retraction	15 x 5	20 x 5	20 x 5	
	Closed chain - push ups					
	Elbow / 11. 20 x 11					
	Wall Walks - Flex/Abd/ER					
	Towel Stretch IR					
STRETCHES	Prone Flex/ER - SET 2 1/2	20 x 20	4 x 20	4 x 20	4 x 20	
	Passive Stretches by PT/PTA					
	Scap. / GH joint mobilizations		3 mins	3min	3min	
	Scap. Depression stretch					
	Wrist extension	20 x 20	4 x 20	6 x 20	5 x 20	
FUNCTIONAL	Shuac					
	Box lifts - floor -> knuckle					
	Box lifts - knuckle -> shoulder	100 flexion		X10	X20	
	Box lifts - shoulder -> overhead					
	Box carries x 25 feet					
	Sustained OH activity LTR			20 x	X20	
	Single UE lifts					
	Written HEP issued?	Yes				
	Therapist's Initials	YAC	YAC			

34

Time In: 9:00
Time Out: 11:15

PATIENT ACCOUNT NUMBER		DATE	CLINIC	TYPE
30177		02/17/2018	8013480	New Patient
PATIENT NAME: Rachel Turner ADDRESS: 136 VILLAS CT CITY: WEST COLUMBIA STATE: SC ZIP: 29170 PATIENT PHONE: (803) 788-8377 INSURANCE:				DOB: 10/13/1972 INSURANCE BALANCE ACCOUNT BALANCE CURRENT CHARGES 319.00 AMOUNT PAID NEW BALANCE
PROCEDURES		CD	ITI	NOTES
☒	Evaluation	97001	180	100-10 CODE: S:1E. O:1E. Te per flow sheet. Other: 1Fz estm 1 ice danned @ shoulder post-to. CL @ elbow epicondylitis. A: Pt required cues to be to allow for correct technique. Pt is significant pain + guarding to all the cues to be as needed to remain in mild discomfort. P. Pt to be seen 2-3x/wk x 4 weeks - RCL.
☐	Re-Evaluation	97002		
☐	OT Evaluation	97003		
☐	Functional Capacity Evaluation	97750		
☐	Work Hardening, 2 hours	97545		
☐	Work Hardening, add'l 1 hour	97546		
☒	Therapeutic Exercise, 15 mins Start: 10:00 End: 10:55	97110	189	
☐	Functional Activities, 15 mins Start: / End:	97530		
☒	Electrical Stim., Unattended, 15 mins	97014	25	
☐	Electrical Stim., Unattended, 15 mins, Medicare Start: / End:	G0283		
☐	Electrical Stim., Manual, 15 mins	97032		Visit Number: _____ of _____ Staff: _____ Therapist's Signature: <u>Linda Guller, PT, CPT</u> RELEASE OF MEDICAL INFORMATION and ASSIGNMENT OF BENEFITS I hereby authorize the release of medical information necessary to process this claim and authorize payment of medical benefits to PPT or their designee for services described above. Patient or Authorized Person's Signature _____ Date _____
☐	Ultrasound, 15 mins	97035		
☐	Paraffin Bath	97018		
☐	Massage, 15 mins	97124		
☐	Manual Therapy Start: / End:	97140		
☐	Mechanical Traction	97012		
☐	Neuromuscular Re-Educ., 15 mins	97112		
☐	Self Care Training, 15 mins	97535		
☐	ROM Measure and Report Start: / End:	95851		
☐	Other / Supplies	99070		

Time In: 12:50
Time Out: 2:30

PATIENT ID NUMBER	DATE	UNIT	FOLLOW UP
30177	02/23/2018	8014815	Follow up BAG

PATIENT NAME: Radial Turner ADDRESS: 136 VILLAS CT CITY: WEST COLUMBIA STATE: SC ZIP: 29170 PATIENT PHONE: (707) 803-1863 INSURANCE:	DOB: 10/13/1972 <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>INSURANCE BALANCE</td><td></td></tr> <tr><td>ACCOUNT BALANCE</td><td></td></tr> <tr><td>CURRENT CHARGES</td><td>255.00</td></tr> <tr><td>AMOUNT PAID</td><td></td></tr> <tr><td>NEW BALANCE</td><td></td></tr> </table>	INSURANCE BALANCE		ACCOUNT BALANCE		CURRENT CHARGES	255.00	AMOUNT PAID		NEW BALANCE	
INSURANCE BALANCE											
ACCOUNT BALANCE											
CURRENT CHARGES	255.00										
AMOUNT PAID											
NEW BALANCE											

PROCEDURES	CPT	TIME	NOTES
☐ Evaluation	97001		ICD-10 CODE: S: Pt notes 5/10 @ Shoulder, 12-7/10 @ elbow + 8/10 Tr pain "I'm still having a tough time to my fine motor skills/grip strength - especially in the morning". O: Te Per the weest. If c. erin e ice done @ wrist follow / blow the e. my corner to + US Per the e. for + (Rated). A: Pt e significant discomfort to 21 te -> multiple rx betw. Pt e analgic / slow transitions to tx session. Mod difficult e velcro board te for @ wrist / forearm e cues to rest as needed. P: Cont e current POC.
☐ Re-Evaluation	97002		
☐ OT Evaluation	97003		
☐ Functional Capacity Evaluation	97750		
☐ Work Hardening, 2 hours	97545		
☐ Work Hardening, add'l 1 hour	97546		
☒ Therapeutic Exercises, 15 mins Start: <u>12:50</u> / End: <u>2:10</u> (5)	97110	120	
☐ Functional Activities, 15 mins Start: _____ / End: _____	97530		
☒ Electrical Stim., Unattended, 15 mins	97014	15	
☐ Electrical Stim., Unattended, 15 mins, Medicare Start: _____ / End: _____	G0283		
☐ Electrical Stim., Manual, 15 mins	97032		
☐ Ultrasound, 15 mins	97095		
☐ Paraffin Bath	97016		
☐ Massage, 15 mins	97124		
☐ Manual Therapy Start: _____ / End: _____	97140		
☐ Mechanical Traction	97012		
☐ Neuromuscular Re-Educ., 15 mins	97112		
☐ Self Care Training, 15 mins	97535		
☐ ROM Measure and Report Start: _____ / End: _____	95851		
☐ Other / Supplies	98070		

RELEASE OF MEDICAL INFORMATION and ASSIGNMENT OF BENEFITS I hereby authorize the release of medical information necessary to process this claim and authorize payment of medical benefits to PPT or their designee for services described above.	Visit Number: <u>2</u> of <u>18</u> Staff: _____ Therapist's Signature: <u>Ligia C. Smith, PT, AT</u>
Patient or Authorized Person's Signature _____	
Date _____	

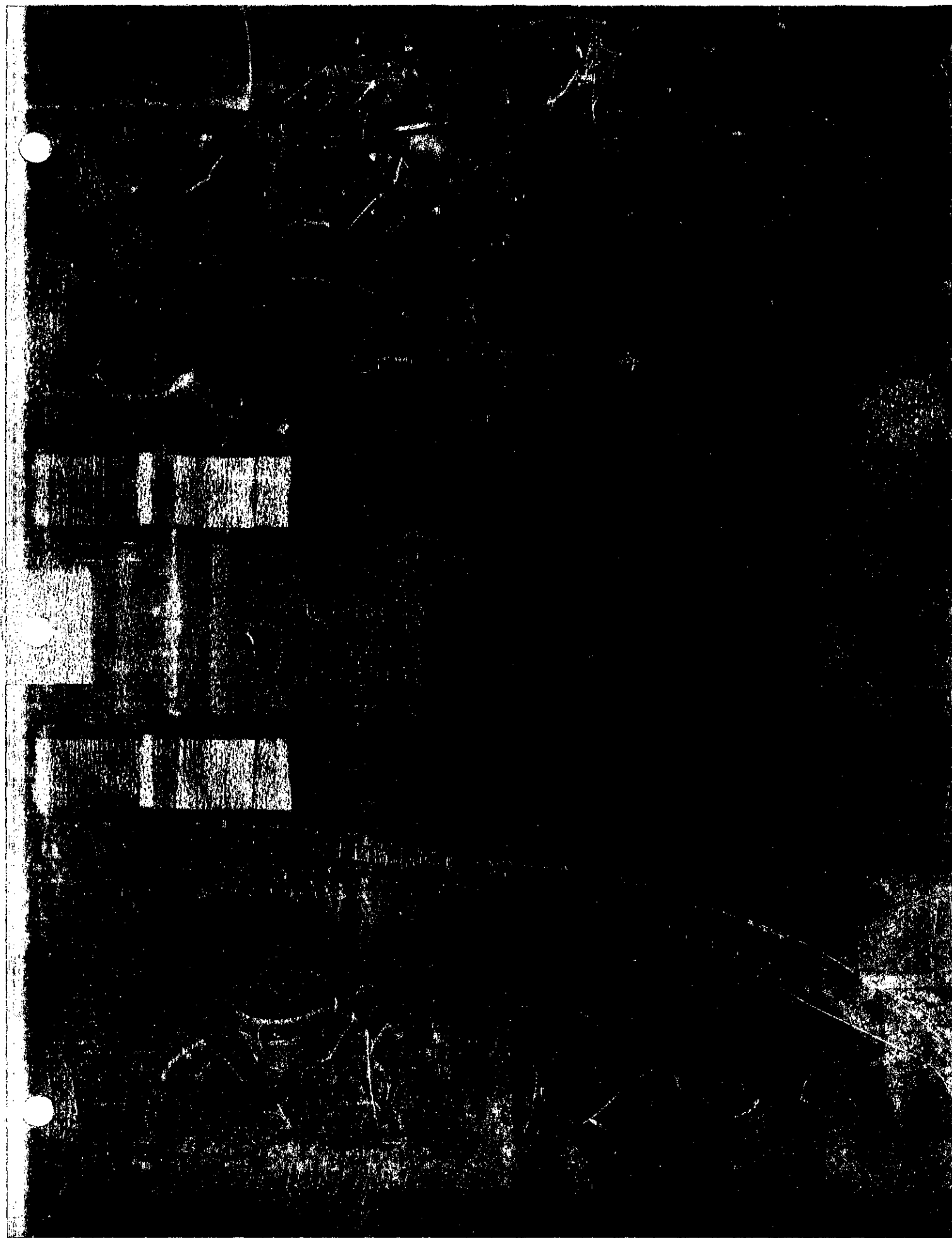
②

P214
2921

84

Time In: 1:00
Time Out: 2:30

PATIENT ACCOUNT NUMBER: 30177		DATE: 03/03/2016	ACCOUNT: 8017490	Follow up
PATIENT NAME: Rachel Turner ADDRESS: 136 VILLAS CT CITY: WEST COLUMBIA STATE: SC ZIP: 29170 PATIENT PHONE: (707) 803-1963 INSURANCE: SHANE SMITH LAW FIRM			DOB: 10/13/1972 INSURANCE BALANCE ACCOUNT BALANCE CURRENT CHARGES: 209.00 AMOUNT PAID NEW BALANCE	
PROCEDURES		CPT	TIME	NOTES
☐	Evaluation	97001		ICD-10 CODE: S: "Still a little stiff today" O: Ther ex per chart & prog Stim/Hp to LB - cp to @ shd/elbow A: Pt cont to have mod pain levels / difficulty @ elbow / shoulder exercise - Gmmeung noted @ gnp extntns - P: cont @ prog.
☐	Re-Evaluation	97002		
☐	OT Evaluation	97003		
☐	Functional Capacity Evaluation	97750		
☐	Work Hardening, 2 hours	97545		
☐	Work Hardening, add'l 1 hour	97546		
☒	Therapeutic Exercise, 15 mins Start: 1:00 / End: 2:00	97110	184	
☐	Functional Activities, 15 mins Start: / End:	97530		
☒	Electrical Stim., Unattended, 15 mins	97014	2.5	
☐	Electrical Stim., Unattended, 15 mins, Medicare Start: / End:	G0263		
☐	Electrical Stim., Manual, 15 mins	97032		Visit Number: 4 or 12 Staff: 2ndly pta. Therapist's Signature:
☐	Ultrasound, 15 mins	97035		
☐	Paraffin Bath	97018		
☐	Massage, 15 mins	97124		
☐	Manual Therapy Start: / End:	97140		
☐	Mechanical Traction	97012		
☐	Neuromuscular Re-Educ., 15 mins	97112		
☐	Self Care Training, 15 mins	97535		
☐	ROM Measure and Report Start: / End:	95851		
☐	Other / Supplies	99070		
				RELEASE OF MEDICAL INFORMATION and ASSIGNMENT OF BENEFITS I hereby authorize the release of medical information necessary to process this claim and authorize payment of medical benefits to PPT or their designee for services described above.
				Patient or Authorized Person's Signature
				Date



**REHABILITATION and GERIATRIC SERVICES
COLUMBIA, SC
INDEPENDENT MEDICAL EXAMINATION**

PATIENT NAME: TURNER, RACHEL

DATE: 05/18/2017

DATE OF INJURY: 09/05/2015

REFERRAL SOURCE: The Samuels Law Firm

DATE OF BIRTH: 10/13/1972

SSN: 6391

HISTORY OF PRESENT ILLNESS: Ms. Turner is a 44-year-old LPN who was working in the prison system. She states that, on 09/05/2015, she was held hostage by the inmates and was beaten by the inmates. She apparently was punched and kicked, and her arms were tied behind her back. She did not have any loss of consciousness.

She was sent to Palmetto Richland Memorial Hospital. Initial workup showed no fractures. She was referred to USC Orthopedics and was started in physical therapy. An MRI was ordered, but her insurance was cut off. She did not have any further followup with the orthopedist. She never got the MRI and never finished her therapy.

She did follow up with her family physician. She had significant posttraumatic stress disorder and was referred to Lexington Mental Health. She has received counseling and medications.

She states she continues to have pain in the right shoulder and elbow and in the mid back area. She also has developed some pain in the left hip and leg. She states that she continues to have severe nightmares and anxiety. She has trouble being around other people. During our evaluation, she would not allow me to close the door. She does complain of occasional numbness and tingling in the right arm.

PAST MEDICAL HISTORY: Patient's past medical history is significant for colostomy secondary to rectovaginal fistula.

ALLERGIES: No known drug allergies.

MEDICATIONS: Currently are Motrin, Prozac, Neurontin, and Remeron.

SOCIAL HISTORY: The patient does smoke a pack of cigarettes per day. She denies any alcohol or drug use. She is an LPN and worked for a nursing agency that serviced the prison.

FAMILY HISTORY: Noncontributory.

REVIEW OF SYSTEMS: She denies fevers, chills, night sweats, chest pain, shortness of breath, nausea, and vomiting. She denies any suicidal or homicidal ideations. She states she is extremely nervous and anxious all the time.

215A

**REHABILITATION and GERIATRIC SERVICES
COLUMBIA, SC
INDEPENDENT MEDICAL EXAMINATION**

PHYSICAL EXAMINATION:

CONSTITUTIONAL: Patient is 5 feet 1 inches tall and weighs 185 pounds. This is an extremely anxious and nervous white female in no acute distress.

HEENT: Pupils are equal, round, and reactive to light. Extraocular movements are intact. TMs are clear. Oropharynx is pink and moist.

NECK: Supple. No lymphadenopathy, thyromegaly, or carotid bruits.

CHEST: Clear to auscultation.

CARDIAC: Regular rate and rhythm.

ABDOMEN: Soft. There is a colostomy in place.

EXTREMITIES: Reveal no swelling, no edema, no bruising. No clubbing or cyanosis.

Peripheral pulses are 1+. The right upper extremity shoulder flexion is 150 degrees, extension 20 degrees, abduction is 155 degrees, adduction is 20 degrees, internal rotation is 50 degrees, external rotation is 50 degrees. Right elbow flexion is 140 degrees, extension is -10 degrees, supination is 50 degrees, pronation is 80 degrees. Full range of motion of the wrist and fingers. **BACK:** Back exam reveals tenderness along the rhomboids and paraspinals in the mid thoracic region.

NEUROLOGIC: Sensation is intact. DTRs are 1+ and symmetric. Manual muscle testing reveals 5/5 strength throughout except for around the right shoulder which is limited by pain.

FUNCTIONALLY: The patient is able to walk, heel walk, toe walk, squat, and bend.

IMPRESSION: This is a 44-year-old woman that was assaulted at a prison on 09/05/2015. She received multiple injuries; these injuries include the right shoulder, right elbow, and mid thoracic region. These injuries were directly caused or exacerbated by the assault that occurred on 09/05/2015.

In addition, the patient sustained posttraumatic stress disorder as a direct result or aggravation of the assault on 09/05/2015.

The patient has not received appropriate care to this point and therefore is not at maximum medical improvement as defined by the American Medical Association Guides to Evaluation for Permanent Impairment - Fifth Edition.

I would agree with the USC orthopedist that the patient needs an MRI scan of the right shoulder. In addition, I would recommend that the patient have an EMG and nerve conduction study of the right upper extremity to make sure there has been no neurological damage. Based on these two tests, I would then recommend further treatment of physical therapy, injections, or surgery.

Patient has limited use of the right upper extremity at this point. I would recommend that she not lift any more than 10 pounds with the right arm and that she avoid all overhead work with the right arm.

If the patient does not receive appropriate care, I think she would qualify for an impairment based on the tables found on page 472-474.

- For the elbow, this would yield a two percent (2%) right upper extremity impairment.

215B

**REHABILITATION and GERIATRIC SERVICES
COLUMBIA, SC**

INDEPENDENT MEDICAL EXAMINATION

- For the shoulder, I would use the tables found on page 476-479. This would yield a nine percent (9%) right upper extremity impairment. If this is converted to the shoulder this would be equivalent to a fifteen percent (15%) right shoulder impairment.

In addition, the patient has thoracic back pain. I believe this is myofascial pain from trauma. I believe she needs physical therapy that should include deep tissue massage, stretching, and dynamic stabilization.

If she does not receive this treatment, she would qualify for an impairment based on the diagnostic related estimate category II found for the thoracic spine on page 389

- This would yield a five percent (5%) spine impairment. If this is converted to the thoracic spine, it would be equivalent to a twenty-five percent (25%) thoracic spine impairment.

In terms of work restrictions for the spine, I would recommend that she not do any bending, stooping, or crawling.

For the arm and the back, I do believe she needs a nonsteroidal anti-inflammatory to manage her pain.

Finally, the patient needs ongoing counseling and treatment for the posttraumatic stress disorder that she is experiencing. I would recommend that she see a psychologist for counseling on a weekly basis and a psychiatrist for medication management.

These opinions were rendered to a reasonable degree of medical certainty.



W. Daniel Westerkam MD

5/24/17 1200

Date/Time Signed by Provider

D: 05/21/2017 14:14:38 ET

T: 05/21/2017 16:26:09 ET

Document ID: 1069282 Confirmation #: 144009

215C

Angi Samuels

From: Angi Samuels
Sent: Friday, June 9, 2017 9:52 AM
To: 'Mary Bush'; 'Deborah Windsor'; 'Erin Farthing'; 'Will Harbison'; 'Susan Strausbaugh'; Stephen Samuels; 'Lisa Glover'; 'Jeff Goodwyn'; 'Joyce Deatrick'; Katherine Carter; 'Bonnie J. Thompson'
Subject: RE: NOTICES OF DEPOSITION - SCDC Depositions/Mediation Start Time - Rachel Turner v. Countrywide Staffing Solutions Group [GWB-IMANMAIN.FID44971]
Attachments: W. Daniel Westerkam, MD IME Report 05.22.2017.pdf

Tracking:	Recipient	Delivery
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	'Joyce Deatrick'	
	Katherine Carter	Delivered: 6/9/2017 9:52 AM
	'Bonnie J. Thompson'	

Please see the attached IME Report from Dr. Daniel Westerkam dated 05.22.2017, concerning Rachel Turner. Mr. Samuels asked me to forward this to all parties of record prior to the mediation.

Thank you and happy Friday!

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From: Mary Bush [mailto:mbush@goodwynlaw.com]
Sent: Thursday, June 08, 2017 11:05 AM
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2150

406 S.C. 470
753 S.E.2d 416

Mildred H. SHATTO, Petitioner,
v.
McLEOD REGIONAL MEDICAL
CENTER and Key Risk Management
Services, Inc., Respondents,
and
Staff Care, Inc. and Travelers
Insurance, Defendants.
Appellate Case No. 2011-201186.

No. 27341.

Supreme Court of South Carolina.

Heard Oct. 2, 2013.
Decided Dec. 18, 2013.

Summaries:

Source: Justia

Petitioner Mildred H. Shatto sought workers' compensation benefits, claiming she was an employee of Respondent McLeod Regional Medical Center when she fell in an operating room and was injured. McLeod Regional opposed the claim on the basis of Shatto's purported status as an independent contractor. The Workers' Compensation Commission found that every factor of the common law employment analysis supported Shatto's contention of an employment relationship. The court of appeals reversed, finding that every factor of the common law employment analysis supported McLeod Regional's contention of an independent contractor relationship. The Supreme Court found disagreed with the appellate court's analysis and reversed its decision.

[753 S.E.2d 417]

Blake A. Hewitt and Margaret M. Bluestein,

both of Bluestein, Nichols, Thompson & Delgado, LLC, of Columbia for Petitioner.

Walter H. Barefoot, of Florence, and Carmelo B. Sammataro, of Columbia, both of Turner, Padgett, Graham & Laney, PA, for Respondents.

Justice KITTREDGE.

In this workers' compensation case, we granted a petition for a writ of certiorari to review the decision of the court of appeals in *Shatto v. McLeod Regional Medical Center*, 394 S.C. 552, 716 S.E.2d 446 (Ct.App.2011). This case presents the familiar tension in the workers' compensation arena in distinguishing between an employee and an independent contractor. Petitioner Mildred H. Shatto sought workers' compensation benefits, claiming she was an employee of Respondent McLeod Regional Medical Center (McLeod Regional) when she fell in an operating room and was injured. McLeod Regional opposed the claim on the basis of Shatto's purported status as an independent contractor. The Workers' Compensation Commission (Commission) found that every factor of the common law employment analysis supported Shatto's contention of an employment relationship. The court of appeals reversed, finding that every factor of the common law employment analysis supported McLeod Regional's contention of an independent contractor relationship.

Because we find that the evidence, although not one-sided, preponderates in favor of an employment relationship, we reverse

[753 S.E.2d 418]

the court of appeals. We remand to the court of appeals to address McLeod Regional's additional assignment of error initially presented to, but not reached by, the court of appeals concerning whether Shatto's

"idiopathic fall constitutes a compensable injury by accident arising out of and in the course and scope of [Shatto's] employment."

and that her injuries were compensable. McLeod Regional was ordered to pay Shatto's workers' compensation benefits.¹

I. FACTUAL/PROCEDURAL BACKGROUND

Petitioner Mildred H. Shatto is a certified nurse anesthetist. She has worked in the nursing profession for over twenty years, including a twenty-one year stint at a hospital in Pennsylvania. She moved to South Carolina to care for her sister and worked several short-term nursing jobs. After working as a nurse anesthetist in Charlotte, North Carolina for approximately five years, she sought an employment position through a nurse staffing agency, Defendant Staff Care, Inc.

Through Staff Care, Shatto was hired to work as a nurse anesthetist for McLeod Regional in Florence, South Carolina. Shatto did not have an express contract of employment directly with McLeod Regional. Instead there were two relevant contracts: Shatto's contract with Staff Care ("the Provider Agreement") and Staff Care's contract with McLeod Regional ("the Staffing Agreement").

On December 21, 2007, Shatto was helping anesthetize a patient in an operating room. In the process, Shatto fell and was injured. She was treated at McLeod Regional and was released from employment shortly after the injury.

Shatto brought workers' compensation claims against McLeod Regional and Staff Care. Staff Care answered with a general denial, and McLeod Regional initially admitted that Shatto was a hospital employee, but later amended its position and denied the existence of an employment relationship. The claims were consolidated, and the matter was heard by a single commissioner.

The single commissioner found that Shatto was an employee of McLeod Regional

McLeod Regional appealed the single commissioner's decision, and the appellate panel affirmed the commissioner's decision in its entirety. McLeod Regional then appealed to the court of appeals, which reversed the Commission's finding and concluded that Shatto was an independent contractor—not an employee of McLeod Regional. The court of appeals did not reach the question of whether Shatto's injuries were compensable. The court of appeals remanded the case to the Commission to address Shatto's claim against Staff Care. We granted a petition for writ of certiorari to review the court of appeals' decision.²

[753 S.E.2d 419]

II. ANALYSIS

Common Law Employment Test

We are presented with the question of whether Shatto was, at the time of her injury, an employee of McLeod Regional or an independent contractor. "No award under the Workers' Compensation Law is authorized unless the employer-employee or master-servant relationship existed at the time of the alleged injury for which claim is made." *McLeod v. Piggly Wiggly Carolina Co.*, 280 S.C. 466, 469, 313 S.E.2d 38, 39 (Ct.App.1984) (citing *Cooper v. McDevitt*, 260 S.C. 463, 196 S.E.2d 833 (1973); *Alewine v. Tobin Quarries*, 206 S.C. 103, 33 S.E.2d 81 (1945)). "Because the question is jurisdictional, the Court may take its own view of the preponderance of the evidence." *Wilkinson ex rel. Wilkinson v. Palmetto State Transp. Co.*, 382 S.C. 295, 299, 676 S.E.2d 700, 702 (citing *S.C. Workers' Comp. Comm'n v. Ray Covington Realtors, Inc.*, 318 S.C. 546, 547, 459 S.E.2d 302, 303 (1995)).

"Under settled law, the determination of whether a claimant is an employee or independent contractor focuses on the issue of control, specifically whether the purported employer had the *right* to control the claimant in the performance of his work." *Id.* (emphasis added) (citing *Ray Covington Realtors*, 318 S.C. at 547, 459 S.E.2d at 303; *Chavis v. Watkins*, 256 S.C. 30, 32, 180 S.E.2d 648, 649 (1971)). Under the controlling common law rubric of the right of control, "the Court examines four factors which serve as a means of analyzing the work relationship as a whole: (1) direct evidence of the right or exercise of control; (2) furnishing of equipment; (3) method of payment; (4) right to fire." *Id.* (citing *Ray Covington Realtors*, 318 S.C. at 548, 459 S.E.2d at 303; *Chavis*, 256 S.C. at 32, 180 S.E.2d at 649; *Tharpe v. G.E. Moore Co., Inc.*, 254 S.C. 196, 200, 174 S.E.2d 397, 399 (1970)).

In *Wilkinson*, we overruled the analysis previously used in *Dawkins v. Jordan*, 341 S.C. 434, 534 S.E.2d 700 (2000), which mandated a finding of employment upon the mere presence of one of the factors favoring an employment relationship.³ See *Wilkinson*, 382 S.C. at 300, 676 S.E.2d at 702 ("We overrule *Dawkins*' analytical framework, for it most assuredly skews the analysis to a finding of employment."). Thus, we "return[ed] to our jurisprudence that evaluates the four factors with equal force in both directions." *Id.* We now analyze the factors "in an evenhanded manner in determining whether the questioned relationship is one of employment or independent contractor." *Id.* at 307, 676 S.E.2d at 706.

It is instructive to review the facts and holding of *Wilkinson*. In *Wilkinson*, an employee of a trucking company desired to alter his status to that of an independent contractor. *Id.* at 298, 676 S.E.2d at 701. *Wilkinson* and the trucking company entered into a contract setting forth his preferred status as an independent contractor. *Id.* The parties honored the independent contractor

arrangement in every respect, such that *each* of the four "right of control" factors favored the finding of an independent contractor relationship. *Id.* at 300, 676 S.E.2d at 702. In addition, *Wilkinson* carried the equivalent of his own worker's compensation coverage. *Id.* at 298, 676 S.E.2d at 701. We addressed "the existence of federal law in the trucking industry ... to support our ultimate determination as well as inform the narrow reach of our decision." *Id.* at 304, 676 S.E.2d at 704. Moreover, *Wilkinson* owned his own tractor and "assumed responsibility for all costs, including fuel, oil, repairs, insurance, road taxes, fuel taxes, mileage taxes, and any weight violations." *Id.* at 303 n. 5, 676 S.E.2d at 704 n. 5.

As discussed below, we find that in this case the totality of the evidence preponderates in favor of a finding of employment between Shatto and McLeod Regional. We find that only one factor—method of payment

[753 S.E.2d 420]

—supports a finding of Shatto as an independent contractor with respect to McLeod Regional. We find the other factors, especially evidence of control and furnishing of equipment, compellingly support a finding of an employment relationship.

Direct Evidence of the Right or Exercise of Control

While evidence of actual control exerted by a putative employer is evidence of an employment relationship, the critical inquiry is "whether there exists the *right and authority* to control and direct the particular work or undertaking." *Young v. Warr*, 252 S.C. 179, 189, 165 S.E.2d 797, 802 (1969) (emphasis added). "The right to control does not require the dictation of the thinking and manner of performing the work. It is enough if the employer has the *right* to direct the person by whom the services are to be performed, the time, place, degree, and amount of said

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services." *Nelson v. Yellow Cab Co.*, 343 S.C. 102, 110, 538 S.E.2d 276, 280 (Ct.App.2000) (emphasis added) (citing 3 Arthur Larson & Lex K. Larson, *Larson's Workers' Compensation Law* § 61.01 (1999)), *overruled on other grounds by Wilkinson*, 382 S.C. at 300 n. 3, 676 S.E.2d at 702 n. 3.

We find the evidence of McLeod Regional's control of Shatto weighs heavily in favor of an employment relationship. Immediately upon assignment to McLeod Regional, Shatto executed a series of documents, which uniformly and compellingly speak to McLeod Regional's right to control Shatto. For example, Shatto executed a McLeod Regional form acknowledging that she was "perform[ing] my duties as an [sic] temporary employee of McLeod Health." Other McLeod Regional documents referred to Shatto as its temporary employee. Shatto was further provided a "new employee packet" wherein it was agreed that Shatto was an employee at-will and that either Shatto or McLeod Regional could terminate the relationship "at any time for any reason."

Beyond the documentary evidence, McLeod Regional controlled Shatto from the smallest of things, such as where to park her car, to the carrying out of her important duties as a nurse anesthetist. We additionally note, as did the Commission, that Shatto began each work day by reporting to a McLeod Regional supervisor who directed her activities throughout the day.

McLeod Regional's response to this clear exercise of control over virtually every aspect of Shatto's duties as a nurse anesthetist is to invoke compliance with governmental regulations. According to McLeod Regional, because its control of Shatto was linked to regulatory requirements, a finding of an independent contractor relationship necessarily follows. We disagree. We find, moreover, that McLeod Regional's control over Shatto transcended mere regulatory compliance. For example, in terms of a dress

code, McLeod Regional subjected Shatto to a dress code that was more stringent than the legal requirement that she merely wear sterile clothing.

In addition, the Staffing Agreement gave McLeod Regional the "sole discretion" to determine whether Shatto's work was satisfactory and appropriate. While the law does impose certain requirements on one serving as a medical professional in a hospital, the facts clearly demonstrate that McLeod Regional had the right to exercise more control than required by law, and actually did exercise such control.

In any event, McLeod Regional fundamentally misconstrues this Court's language in *Wilkinson* concerning the applicability of governmental regulations in evaluating the right to exercise control factor. The presence of governmental regulations neither mandates nor forecloses a finding of an independent contractor relationship. Regulations such as the ones at issue in *Wilkinson* and in this case are not outcome determinative on the employment versus independent contractor question. Regulatory compliance,

[753 S.E.2d 421]

by itself, is more properly viewed in a neutral manner, one that does "not necessarily support a conclusion of employment status." *Wilkinson*, 382 S.C. at 302, 676 S.E.2d at 703 (quoting *Universal Am-Can, Ltd. v. Workers' Comp. Appeal Bd.*, 563 Pa. 480, 494, 762 A.2d 328, 335 (2000)).⁵

McLeod Regional's exercise of control over virtually every facet of Shatto's duties as a nurse anesthetist was so pervasive that we conclude the factor of direct evidence of the right or exercise of control supports a finding of an employment relationship.

Furnishing of Equipment

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We find that McLeod Regional's furnishing of equipment for Shatto to use while on the job favors a finding of employment. "When it is the employer who furnishes the equipment, the inference of right of control is a matter of common sense and business." 3 Arthur Larson & Lex K. Larson, *Larson's Workers' Compensation Law* § 61.07[2] (2013). The facts clearly demonstrate that McLeod Regional provided Shatto with everything that she needed to work, including medical equipment, hospital supplies, and sterile clothing. To the extent McLeod Regional again invokes "regulatory compliance" (in maintaining its equipment in working order) as a basis for this factor to support a finding of an independent contractor, such argument is summarily rejected as manifestly without merit. The furnishing of equipment factor supports a finding of employment.

Method of Payment

"Payment on a time basis is a strong indication of the status of employment," while "[p]ayment on a completed project basis is indicative of independent contractor status." *Id.* § 61.06. Although Shatto was paid on an hourly or time basis, we find that the method of payment factor preponderates in favor of finding an independent contractor relationship.

Two contracts were involved, the Provider Agreement between Staff Care and Shatto and the Staffing Agreement between Staff Care and McLeod Regional. The evidence revealed that Staff Care, not McLeod Regional, paid Shatto. Staff Care paid Shatto at the rate of \$95 per hour by direct deposit into her account. In addition, Staff Care provided Shatto a per diem, malpractice insurance coverage, a rental car, and housing during tenure at McLeod Regional. Conversely, McLeod Regional did not supply Shatto with insurance, vacation days, sick days, or a retirement plan—benefits that are available to other employees directly employed by McLeod Regional. In exchange

for Staff Care's placement of Shatto with McLeod Regional, McLeod Regional paid a negotiated contract price to Staff Care. At no point during her employment did Shatto receive remuneration or benefits directly from McLeod Regional. 2 Thus, because the method of payment factor points to an independent contractor relationship, the court of appeals properly found that this factor did not

[753 S.E.2d 422]

support a finding of an employment relationship between Shatto and McLeod Regional.

Right to Fire

This factor is often the most problematic, for a putative employer generally has the ability to terminate both employees and independent contractors. To the extent this factor carries any sway here, we find it tends to support the finding of an employment relationship.

"The power to fire, it is often said, is the power to control. The absolute right to terminate the relationship without liability is not consistent with the concept of independent contract, under which the contractor should have the legal right to complete the project...." *Id.* § 61.08[1]. The Provider Agreement between Staff Care and Shatto addressed the right of termination and referenced the ability of McLeod Regional to terminate Shatto although it was not a party to the agreement. Section 3.02(a) provided that: "Either party may terminate this Agreement and [Shatto] or [McLeod Regional] may terminate an assignment with or without cause by giving at least thirty (30) days prior written notice; provided, however, Staff Care shall not have the right to terminate an assignment for [McLeod] for which [Shatto] is performing services." Notwithstanding the thirty-day notice requirement, section 3.02(d) of the Provider Agreement stated, "[McLeod Regional], at its sole discretion, will have the

right to terminate the services of [Shatto] for any assignment if [McLeod Regional] does not reasonably find the services of [Shatto] to be appropriate...."

The court of appeals read these sections in conjunction with section C.3 the Staffing Agreement ² as somehow limiting McLeod Regional's right of termination. *Shatto*, 394 S.C. at 566, 716 S.E.2d at 454. This was error, for the contractual language granted McLeod Regional the right to terminate Shatto's employment if her work were deemed unsatisfactory. While McLeod Regional was required to follow specific contractual steps to properly terminate Shatto, this does not vitiate its right to terminate Shatto. The fact remains that McLeod Regional had the right to determine whether Shatto's work was satisfactory and the right to terminate that working relationship if it was not satisfied. Moreover, as noted above, Shatto executed at McLeod Regional's insistence a series of employer-employee related documents, including Shatto's acknowledgement of an employment at-will relationship. While not a significant factor in the analysis, the totality of these circumstances is sufficient for the "right to fire" factor to support a finding of an employment relationship between Shatto and McLeod Regional.

III. CONCLUSION

In sum, we find that the evidence preponderates in favor of an employer-employee relationship between McLeod Regional and Shatto. McLeod Regional exercised actual direct control over Shatto's work, provided all of the equipment Shatto needed to do her job, and had the right to terminate Shatto's employment if her work was unsatisfactory. For these reasons, the court of appeals erred in reversing the Commission. We reverse the court of appeals and find that Shatto was an employee of McLeod Regional. We remand the case to the court of appeals to address the additional issue

of whether Shatto's fall was idiopathic in nature, which was raised by McLeod Regional in its brief to the court of appeals.

REVERSED AND REMANDED.

[753 S.E.2d 423]

TOAL, C.J., PLEICONES, and BEATTY, JJ., concur.

HEARN, J., concurring in result only.

Notes:

¹ As part of the commissioner's determination of an employer-employee relationship, he further determined that Shatto was entitled to benefits under the alternative theories of the borrowed servant doctrine and statutory employment doctrine. We need not reach the merits of these theories.

² At oral argument the matter of appellate jurisdiction was raised in light of our decision in *Bone v. U.S. Food Serv.*, 404 S.C. 67, 744 S.E.2d 552 (2013). The parties contend that this Court has jurisdiction to hear this appeal and that *Bone* has no application. We agree. *Bone* addressed appealability under the predecessor to section 1-23-390 of the South Carolina Code, which provided that in appeals from an administrative agency, such as the Commission, to the circuit court "[a]n aggrieved party may obtain a review of any final judgment of the circuit court ... by appeal to the Supreme Court." *Bone*, 404 S.C. at 77, 744 S.E.2d at 557 (quoting S.C. Code § 1-23-390 (1986)). In 2006, as part of Act 387, which, among other things, mandated that appeals from the Commission go directly to the court of appeals, section 1-23-390 (2006), entitled "Supreme Court review," was amended to include review of decisions from the court of appeals. Section 1-23-390 concludes by providing that appeals from the

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court of appeals shall be pursued "by taking an appeal in the manner provided by the South Carolina Appellate Court Rules as in other civil cases." Rule 242(a), SCACR, authorizes this Court to issue a writ of certiorari "to review a *final decision* of the Court of Appeals." (emphasis added). The parties concede that the court of appeals' decision is final. Indeed, the rule speaks in terms of reviewing a "final decision" of the court of appeals, not a "final judgment."

3. *Dawkins* held that "[f]or the most part, any single factor is not merely indicative of, but in practice, virtually proof of, the employment relation; while, in the opposite direction, contrary evidence is as to any one factor at best only mildly persuasive evidence of contractorship, and sometimes is of almost no such force at all." 341 S.C. at 439, 534 S.E.2d at 703 (quoting 3 Arthur Larson & Lex K. Larson, *Larson's Workers' Compensation Law*, § 61.04 (2000)).

4. Ms. Williams-Blake, the Director of Occupational Health at McLeod Regional, testified at the Commission that McLeod had a dress code that required female employees to "wear uniforms, dresses, suits, or coordinated blouse/slacks outfits suitable for a business medical environment." Williams-Blake further testified that this dress code was an individual policy of McLeod Regional, not a policy required by law.

5. In *Wilkinson*, we cited to the Code of Federal Regulations to demonstrate that compliance with the federal law concerning motor carriers was not "intended to affect whether the lessor or driver provided by the lessor is an independent contractor or an employee of the authorized carrier lessee." *Wilkinson*, 382 S.C. at 305-06, 676 S.E.2d at 705 (quoting 49 C.F.R. § 376.12(c)(4) (2008)).

We concluded by quoting a decision of the Surface Transportation Board:

While most courts have correctly interpreted the appropriate scope of the control regulation and have held that the type of control required by the regulation does not affect "employment" status, it has been shown here that some courts and State workers' compensation and employment agencies have relied on our current control regulation and have held the language to be prima facie evidence of an employer-employee relationship....

We conclude that adopting the proposed amendment will reinforce our view of the neutral effect of the control regulation and place our stated view squarely before any court or agency asked to interpret the regulation's impact.... By presenting a clear statement of the neutrality of the regulation, we hope to bring a halt to erroneous assertions about the effect and intent of the control regulation, saving both the factfinders and the carriers time and expense.

Id. at 306, 676 S.E.2d at 705 (quoting *Petition to Amend Lease and Interchange of Vehicle Regulations*, 8 I.C.C.2d 669, 671 (1992)).

6. The Staffing Agreement between Staff Care and McLeod Regional "acknowledge[d] that [Shatto] is not an employee of [Staff Care], [and] the relationship of [Shatto] to [Staff Care] is that of an independent contractor...."

7. Section C.3 of the Staffing Agreement states:

If, at any time during the course of this AGREEMENT ... [McLeod Regional] does not

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reasonably find the performance of [Shatto] to be appropriate, [McLeod Regional] shall provide written notice of such determination to [Staff Care] and [Staff Care] shall attempt to replace [Shatto]. *[McLeod Regional] shall be solely responsible for terminating [Shatto] due to [her] poor performance, including, but not limited to intentional or unintentional dereliction of duties, gross negligence, or loss of hospital privileges, as determined by [McLeod Regional] in its sole discretion.* [McLeod Regional] may request that [Staff Care] on [McLeod Regional's] behalf deliver a notice of termination to [Shatto], but under no circumstances shall [Staff Care] have the unilateral right or authority to terminate [Shatto's] assignment.

(emphasis added).

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481 S.E.2d 706
325 S.C. 248, 12 IER Cases 1052
Julian Harris SHELTON, Petitioner,

v.

OSCAR MAYER FOODS
CORPORATION, d/b/a Louis Rich, a
wholly
owned subsidiary of Phillip Morris
Companies,
Inc., Barton Protective Services, Inc.,
and William Brown, Defendants.
of which Oscar Mayer Foods
Corporation, d/b/a Louis Rich, a
wholly owned subsidiary of Phillip
Morris

companies, Inc., is Respondent.

No. 24580.

Supreme Court of South Carolina.

Heard Dec. 5, 1996.

Decided Feb. 18, 1997.

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[325 S.C. 249] C. Richard Kelly,
Columbia; and Samuel M. Price, Jr.,
Newberry, for petitioner.

Thomas A. Bright, of Haynesworth,
Baldwin, Johnson and Greaves, P.A.,
Greenville, for respondent.

Harold W. Funderburk, Jr., Columbia, for
amicus curiae SC Employment Security
Commission.

BURNETT, Justice:

Shelton claims the trial court and the
Court of Appeals erred in holding the factual
issues determined during a contested[325 S.C.
250] hearing conducted by the South Carolina
Employment Security Commission (ESC) did
not preclude relitigation of those issues in a
subsequent wrongful discharge suit. We
affirm.

FACTS

Shelton was employed at the Louis Rich
processing plant in Newberry, South Carolina.
In 1987, William Brown, a security guard, told
Louis Rich management he had observed
Shelton and a co-worker smoking marijuana in
the co-worker's van in the Louis Rich parking
lot. Allegedly, Louis Rich discharged Shelton
without further investigation.

After termination, Shelton sought
unemployment benefits from the ESC. At the
ESC hearing, testimony about the incident was
presented by Shelton, the co-worker, and the
security guard. The hearing officer found
Shelton was discharged without cause and
entitled to benefits. Louis Rich did not appeal
this decision.

Subsequently, Shelton brought a wrongful
termination of employment suit. Shelton
claimed Louis Rich failed to ensure, as its
handbook provided, that its rules governing
employee conduct would be enforced fairly
and equally with regard to all employees.
Shelton alleged several causes of action against
Louis Rich including breach of contract,
breach of contract accompanied by a
fraudulent act, fraudulent misrepresentation,
and breach of covenant of good faith and fair
dealing. Shelton moved for partial summary
judgment on the ground Louis Rich was
collaterally estopped from litigating whether
Shelton was discharged for smoking
marijuana because that factual determination
had been made in the ESC decision. Judge T.L.
Hughston, Jr. denied this motion. At trial,
Judge James W. Johnson, Jr. granted Louis
Rich's motion for a directed verdict on the
breach of contract claim. All other claims had
been previously disposed of on motions to
dismiss or for summary judgment by either
Judge Johnson or Judge Hughston.

Shelton appealed. Initially, the Court of
Appeals reversed on the collateral estoppel
issue. Shelton v. Oscar Mayer Foods Corp., Op.
No. 2312 (S.C.Ct.App. filed February 27, 1995)
(Davis Adv.Sh. No. 5 at 34). However, upon
rehearing, [325 S.C. 251] the Court of Appeals

upheld the determination of the trial court that Louis Rich should not be collaterally estopped from relitigating issues decided in a previous ESC hearing. *Shelton v. Oscar Mayer Foods Corp.*, 319 S.C. 81, 459 S.E.2d 851 (1995). The Court of Appeals in its ruling relied on the policy underlying the purpose of the ESC and case law from other jurisdictions. We granted certiorari.

ISSUE

Did the trial court and Court of Appeals err in holding collateral estoppel does not apply to the factual findings of an ESC hearing?

DISCUSSION

Shelton argues Louis Rich was collaterally estopped from relitigating a factual issue decided during a contested hearing conducted by the ESC to determine whether Louis Rich discharged Shelton for cause. We disagree.

Collateral estoppel or issue preclusion prevents a party from relitigating in a subsequent suit an issue actually and necessarily litigated and determined in a prior action. *Beall v. Doe*, 281 S.C. 363, 369 n. 1, 315 S.E.2d 186, 189 n. 1 (Ct.App.1984). The issue of whether collateral estoppel applies to rulings of the ESC has never been directly addressed by an appellate court of this state prior to *Shelton*, supra. However, this Court has held an administrative agency's

Page 708

findings of fact may have preclusive effect in a subsequent civil suit. See *Bennett v. South Carolina Dep't of Corrections*, 305 S.C. 310, 408 S.E.2d 230 (1991).¹

[325 S.C. 252] In the abstract, there is no legitimate reason to permit a defendant who has already thoroughly and vigorously litigated an issue and lost the opportunity to relitigate the identical question.... The public interest demands an end to the litigation of the

same issue. Principles of finality, certainty, and the proper administration of justice suggest that a decision once rendered should stand unless some compelling countervailing consideration necessitates relitigation.

Beall, 281 S.C. at 370, 315 S.E.2d at 190 (quoting *Hossler v. Barry*, 403 A.2d 762, 769 (Me.1979)).

The purpose of the ESC hearings is to quickly provide benefits to persons becoming unemployed through no fault of their own. S.C.Code Ann. § 41-27-20 (1986). The legislature intended to minimize procedural hurdles before the ESC so as to enable unemployed claimants to obtain prompt decisions regarding entitlement to unemployment benefits from the ESC. The purposes of the ESC are in conflict with the doctrine of collateral estoppel; therefore, public policy dictates the findings made during an ESC hearing should not receive collateral estoppel effect.

Further, the narrow issue the ESC decides is simply whether the claimant is qualified to receive employment benefits. See S.C.Code Ann. § 41-35-120. Thus, the jurisdiction of the ESC is limited. By focusing on a narrow issue, the ESC is able to expeditiously determine whether an employee is entitled to unemployment benefits. This serves the purpose of providing benefits quickly to employees who are unemployed through no fault of their own. To apply collateral estoppel to ESC decisions would result in ESC hearings becoming forums for employers and employees to engage in lengthy civil litigation of claims relating to an employee's discharge. Thus, the intent underlying the employment security law would be frustrated.

[325 S.C. 253] Employers normally are not compelled to intensely contest ESC hearings because the stakes are not great in such hearings. An ESC hearing only determines whether an employee was discharged for cause and thus disqualified

from receiving unemployment benefits. A wrongful termination lawsuit determines whether the employer wrongfully discharged the employee and seeks to place blame on the employer. The damages available in a wrongful discharge lawsuit are much greater than unemployment benefits. Thus, an employer has more incentive to fully contest a civil suit.

Further, employees are often unrepresented in ESC hearings. If collateral estoppel applied, an unwary employee could unknowingly forfeit an opportunity to litigate significant issues in a subsequent civil action.

Other jurisdictions considering this issue have found collateral estoppel does not apply to ESC findings. See *Salida School Dist. R-32-J v. Morrison*, 732 P.2d 1160 (Colo.1987) (holding collateral estoppel should not apply to ESC findings because "[i]f findings entered at an unemployment compensation hearing may be used to establish the employer's liability for unlawful discharge in a subsequent lawsuit, the employer would have a strong incentive to use its superior resources consistently to oppose a discharged employee's claim for unemployment benefits. Issues presented to the [ESC] will be contested

be payment of unemployment compensation, a minimal amount compared to the amount in controversy in wrongful termination suit); *Board of Educ. of Covington v. Gray*, 806 S.W.2d 400 (Ky.Ct.App.1991) (finding offensive collateral estoppel inappropriate because of the profound differences between unemployment [325 S.C. 254] proceedings and those of courts of law including the unemployment system gives neither party a full opportunity to litigate issues since hearings are usually set up quickly, are informal, and function under relaxed rules of evidence); *Shovelin v. Central New Mexico Elec. Co-op., Inc.*, 115 N.M. 293, 850 P.2d 996 (1993) (holding the trial court did not err in refusing to give preclusive effect to findings of the Employment Security Department); *Case v. Lower Saucon Township*, 654 A.2d 57 (Pa.1995) (finding of unemployment compensation board that employee was not discharged for wilful misconduct did not preclude employer from defending employee's discharge). We find these opinions persuasive.

Therefore, because application of the doctrine of collateral estoppel would frustrate the purposes of the ESC, findings of fact made during an ESC hearing will not be given preclusive effect in any subsequent litigation between the employer and employee.

AFFIRMED.

FINNEY, C.J., and TOAL, MOORE and WALLER, JJ., concur.

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strongly, and the hearings will become lengthy and more detailed, and will no longer be suited to the prompt resolution of unemployment compensation claims."); see also, *Kelley v. TYK Refractories Co.*, 860 F.2d 1188 (3d Cir.1988) (factual finding of unemployment compensation board that employee who voluntarily quit was not entitled to collateral estoppel effect in employee's civil suit in light of differing policies underlying the unemployment compensation scheme and the civil rights statute); *Caras v. Family First Credit Union*, 688 F.Supp. 586 (D.Utah 1988) (finding the employer did not have an incentive to fully and fairly litigate the issue because the adverse effects to employer would

1 Bennett dealt with the application of collateral estoppel to a proceeding before the State Employee Grievance Committee. Bennett filed a complaint with the grievance committee and the grievance committee ruled in favor of the employer. Instead of appealing this decision through the proper administrative channels, Bennett filed a civil suit alleging he was discharged in retaliation for filing a workers' compensation claim. This

fast

Court held the circuit court properly granted the employer's summary judgment motion because the issues in Bennett's civil claim were identical to the issues presented to and ruled upon by the grievance committee. Bennett had abandoned any opportunity for a ruling on these issues in his favor when he failed to appeal the grievance committee's findings.

Bennett is distinguishable from the matter, subjudice. State employees must bring complaints before the grievance committee prior to seeking judicial review; therefore, the hearing before the grievance committee is necessarily more in the nature of a full evidentiary hearing. An ESC hearing only determines the narrow issue of whether an employee may receive unemployment benefits.

Condustral

PR YTD EARNINGS

Totals for 8/1/2014 To 10/21/2015

Printed on 10/21/2015 10:29:59 AM

Turner, Rachel J

Chk Date	Check #	Gross	FICA	Medicare	FUTA	SUTA	Fed. WH	State WH	Net Check
6/3/2014	102500	\$1,078.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,078.00
6/12/2014	103447	\$824.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$824.00
6/19/2014	103732	\$1,089.75	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,089.75
6/26/2014	104535	\$988.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$988.00
7/3/2014	104984	\$1,122.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,122.00
7/10/2014	105548	\$1,008.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,008.50
7/17/2014	106146	\$1,089.75	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,089.75
7/24/2014	106836	\$770.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$770.00
7/31/2014	107393	\$1,138.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,138.50
8/7/2014	108010	\$1,105.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,105.50
8/14/2014	108601	\$1,435.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,435.50
8/21/2014	109582	\$1,182.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,182.50
8/28/2014	109939	\$1,463.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,463.00
9/4/2014	110679	\$1,149.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,149.50
9/11/2014	111374	\$1,133.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,133.00
9/18/2014	112016	\$1,122.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,122.00
9/25/2014	112658	\$1,380.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,380.50
10/2/2014	113254	\$1,020.25	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,020.25
10/9/2014	113898	\$1,581.25	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,581.25
10/16/2014	114898	\$731.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$731.50
10/23/2014	115169	\$1,028.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,028.50
10/30/2014	115828	\$1,034.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,034.00
11/6/2014	116690	\$982.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$982.50
11/13/2014	117346	\$1,012.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,012.00
11/20/2014	117854	\$1,336.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,336.50
11/27/2014	118599	\$1,111.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,111.00
12/4/2014	119229	\$1,822.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,822.50
12/11/2014	119898	\$838.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$838.00
12/18/2014	120510	\$1,386.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,386.00
12/25/2014	121124	\$1,155.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,155.00
1/1/2015	121540	\$1,301.63	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,301.63
1/8/2015	122358	\$1,215.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,215.50
1/15/2015	122827	\$1,180.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,180.50
1/22/2015	123455	\$1,488.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,488.50
1/29/2015	124041	\$1,012.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,012.00
2/5/2015	124663	\$1,186.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,186.00
2/12/2015	124985	\$792.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$792.00
2/19/2015	125898	\$1,182.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,182.50
2/26/2015	126315	\$853.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$853.50
3/5/2015	126751	\$982.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$982.50
3/12/2015	127645	\$1,199.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,199.00
3/19/2015	128068	\$1,133.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,133.00
3/26/2015	128906	\$1,226.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,226.50
4/2/2015	129380	\$1,424.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,424.50
4/9/2015	130008	\$1,034.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,034.00
4/16/2015	130781	\$1,336.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,336.50

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Condustrial

P/R YTD EARNINGS

Totals for 8/1/2014 To 10/21/2015

Printed on 10/21/2015 10:28:50 AM

4/23/2015	131228	\$988.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$988.00
4/30/2015	131838	\$1,193.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,193.50
5/7/2015	132829	\$878.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$878.50
5/14/2015	133287	\$759.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$759.00
5/21/2015	133681	\$821.25	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$821.25
5/28/2015	134562	\$1,215.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,215.50
6/4/2015	134985	\$814.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$814.00
6/11/2015	135047	\$887.25	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$887.25
6/18/2015	136448	\$1,078.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,078.00
6/25/2015	137060	\$1,898.75	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,898.75
7/2/2015	137635	\$1,243.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,243.00
7/9/2015	138366	\$898.25	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$898.25
7/16/2015	138148	\$907.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$907.50
7/30/2015	140289	\$555.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$555.50
8/6/2015	140987	\$1,384.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,384.00
8/13/2015	141987	\$878.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$878.00
8/20/2015	142488	\$1,204.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,204.50
8/27/2015	143163	\$1,198.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,198.00
9/3/2015	144016	\$988.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$988.00
9/10/2015	144873	\$951.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$951.50
TOTALS.....		\$72,994.13	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$72,994.13
REPORT TOTALS.....		\$72,994.13	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$72,994.13

Condustrial Hours Report

For the Period Between 6/1/2014 and 10/20/2015

Turner, Rachel J

SS#: 547-71-6391

Week Ending	Date	Customer	Time Card Date	Total Pay	Regular Hrs	OT Hrs	Other Hrs	Total Hrs
6/1/2014	6/1/2014	SC DEPT OF CORRECTIONS	6/1/2014	1,078.00	52.00	0.00	0.00	52.00
6/8/2014	6/8/2014	SC DEPT OF CORRECTIONS	6/8/2014	924.00	41.00	1.00	0.00	42.00
6/15/2014	6/15/2014	SC DEPT OF CORRECTIONS	6/15/2014	1,089.75	51.50	0.00	0.00	51.50
6/22/2014	6/22/2014	SC DEPT OF CORRECTIONS	6/22/2014	988.00	44.00	0.00	0.00	44.00
6/29/2014	6/29/2014	SC DEPT OF CORRECTIONS	6/29/2014	1,122.00	58.00	0.00	0.00	58.00
7/6/2014	7/6/2014	SC DEPT OF CORRECTIONS	7/6/2014	1,008.50	29.25	11.00	0.00	40.25
7/13/2014	7/13/2014	SC DEPT OF CORRECTIONS	7/13/2014	1,089.75	45.75	5.75	0.00	51.50
7/20/2014	7/20/2014	SC DEPT OF CORRECTIONS	7/20/2014	770.00	35.00	0.00	0.00	35.00
7/27/2014	7/27/2014	SC DEPT OF CORRECTIONS	7/27/2014	1,138.50	48.75	6.00	0.00	54.75
8/3/2014	8/3/2014	SC DEPT OF CORRECTIONS	8/3/2014	1,105.50	53.25	0.00	0.00	53.25
8/10/2014	8/10/2014	SC DEPT OF CORRECTIONS	8/10/2014	1,435.50	68.25	0.00	0.00	68.25
8/17/2014	8/17/2014	SC DEPT OF CORRECTIONS	8/17/2014	1,182.50	50.75	6.00	0.00	56.75
8/24/2014	8/24/2014	SC DEPT OF CORRECTIONS	8/24/2014	1,463.00	63.50	6.00	0.00	69.50
8/31/2014	8/31/2014	SC DEPT OF CORRECTIONS	8/31/2014	1,149.50	49.25	6.00	0.00	55.25
9/7/2014	9/7/2014	SC DEPT OF CORRECTIONS	9/7/2014	1,133.00	48.50	6.00	0.00	54.50
9/14/2014	9/14/2014	SC DEPT OF CORRECTIONS	9/14/2014	1,122.00	51.00	0.00	0.00	51.00
9/21/2014	9/21/2014	SC DEPT OF CORRECTIONS	9/21/2014	1,380.50	58.75	6.00	0.00	64.75
9/28/2014	9/28/2014	SC DEPT OF CORRECTIONS	9/28/2014	1,020.25	44.25	4.25	0.00	48.50
10/5/2014	10/5/2014	SC DEPT OF CORRECTIONS	10/5/2014	1,581.25	68.00	7.75	0.00	75.75
10/12/2014	10/12/2014	SC DEPT OF CORRECTIONS	10/12/2014	731.50	33.25	0.00	0.00	33.25
10/19/2014	10/19/2014	SC DEPT OF CORRECTIONS	10/19/2014	1,028.50	44.50	4.50	0.00	49.00
10/26/2014	10/26/2014	SC DEPT OF CORRECTIONS	10/26/2014	1,034.00	47.00	0.00	0.00	47.00
11/2/2014	11/2/2014	SC DEPT OF CORRECTIONS	11/2/2014	962.50	42.50	2.50	0.00	45.00
11/9/2014	11/9/2014	SC DEPT OF CORRECTIONS	11/9/2014	1,012.00	44.00	4.00	0.00	48.00
11/16/2014	11/16/2014	SC DEPT OF CORRECTIONS	11/16/2014	1,338.50	57.75	6.00	0.00	63.75
11/23/2014	11/23/2014	SC DEPT OF CORRECTIONS	11/23/2014	1,111.00	47.50	6.00	0.00	53.50
11/30/2014	11/30/2014	SC DEPT OF CORRECTIONS	11/30/2014	1,622.50	53.50	3.00	25.00	81.50

Wednesday, October 21, 2015

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12/7/2014 SC DEPT OF CORRECTIONS
12/14/2014 SC DEPT OF CORRECTIONS
12/21/2014 SC DEPT OF CORRECTIONS
12/28/2014 SC DEPT OF CORRECTIONS
1/4/2015 SC DEPT OF CORRECTIONS
1/11/2015 SC DEPT OF CORRECTIONS
1/18/2015 SC DEPT OF CORRECTIONS
1/25/2015 SC DEPT OF CORRECTIONS
2/1/2015 SC DEPT OF CORRECTIONS
2/8/2015 SC DEPT OF CORRECTIONS
2/15/2015 SC DEPT OF CORRECTIONS
2/15/2015 SC DEPT OF CORRECTIONS
2/15/2015 SC DEPT OF CORRECTIONS
2/22/2015 SC DEPT OF CORRECTIONS
2/22/2015 SC DEPT OF CORRECTIONS
3/1/2015 SC DEPT OF CORRECTIONS
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4/19/2015 SC DEPT OF CORRECTIONS
4/19/2015 SC DEPT OF CORRECTIONS
4/26/2015 SC DEPT OF CORRECTIONS
4/26/2015 SC DEPT OF CORRECTIONS
5/3/2015 SC DEPT OF CORRECTIONS
5/10/2015 SC DEPT OF CORRECTIONS
5/17/2015 SC DEPT OF CORRECTIONS
5/24/2015 SC DEPT OF CORRECTIONS

12/7/2014 836.00 0.00 38.00 0.00 38.00
12/14/2014 1,386.00 6.00 66.00 0.00 66.00
12/21/2014 1,155.00 6.00 55.50 0.00 55.50
12/28/2014 1,301.63 6.00 60.25 0.00 60.25
1/4/2015 1,215.50 0.00 49.25 12.00 49.25
1/11/2015 1,160.50 6.09 55.75 0.00 55.75
1/18/2015 1,468.50 6.09 69.75 0.00 69.75
1/25/2015 1,012.00 43.75 47.50 0.00 47.50
2/1/2015 1,166.00 50.00 58.00 0.00 58.00
2/8/2015 792.00 36.00 36.00 0.00 36.00
2/15/2015 247.50 11.25 11.25 0.00 11.25
2/15/2015 423.50 19.25 19.25 0.00 19.25
2/15/2015 511.50 23.25 23.25 0.00 23.25
2/22/2015 242.00 11.00 11.00 0.00 11.00
2/22/2015 621.50 28.25 28.25 0.00 28.25
3/1/2015 962.50 40.00 42.50 0.00 42.50
3/8/2015 253.00 11.50 11.50 0.00 11.50
3/8/2015 946.00 40.00 42.00 0.00 42.00
3/15/2015 428.00 19.50 19.50 0.00 19.50
3/15/2015 704.00 32.00 32.00 0.00 32.00
3/22/2015 242.00 11.00 11.00 0.00 11.00
3/22/2015 247.50 11.25 11.25 0.00 11.25
3/22/2015 737.00 33.50 33.50 0.00 33.50
3/29/2015 159.50 7.25 7.25 0.00 7.25
3/29/2015 506.00 23.00 23.00 0.00 23.00
3/29/2015 759.00 34.50 34.50 0.00 34.50
4/5/2015 313.50 14.25 14.25 0.00 14.25
4/5/2015 720.50 32.75 32.75 0.00 32.75
4/12/2015 621.50 11.00 11.50 0.00 11.50
4/12/2015 715.00 32.50 22.50 0.00 22.50
4/19/2015 253.00 11.50 32.50 0.00 32.50
4/19/2015 715.00 32.50 11.50 0.00 11.50
4/26/2015 467.50 21.25 32.50 0.00 32.50
4/26/2015 726.00 33.00 21.25 0.00 21.25
5/3/2015 676.50 30.75 33.00 0.00 33.00
5/10/2015 759.00 34.50 30.75 0.00 30.75
5/17/2015 921.25 40.00 34.50 0.00 34.50
5/24/2015 506.00 23.00 41.25 0.00 41.25
5/24/2015 506.00 23.00 23.00 0.00 23.00

Wednesday, October 21, 2015

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Condustral 00239

5/24/2015 SC DEPT OF CORRECTIONS
 5/31/2015 SC DEPT OF CORRECTIONS
 6/7/2015 SC DEPT OF CORRECTIONS
 6/14/2015 SC DEPT OF CORRECTIONS
 6/21/2015 SC DEPT OF CORRECTIONS
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 8/16/2015 SC DEPT OF CORRECTIONS
 8/16/2015 SC DEPT OF CORRECTIONS
 8/23/2015 SC DEPT OF CORRECTIONS
 8/23/2015 SC DEPT OF CORRECTIONS
 8/30/2015 SC DEPT OF CORRECTIONS
 8/30/2015 SC DEPT OF CORRECTIONS
 9/6/2015 SC DEPT OF CORRECTIONS
 9/6/2015 SC DEPT OF CORRECTIONS
 Totals

709.50	32.25	0.00	0.00	32.25
814.00	37.00	0.00	0.00	37.00
987.25	40.00	3.25	0.00	43.25
1,078.00	40.00	6.00	0.00	46.00
1,886.75	40.00	24.75	0.00	64.75
214.50	9.75	0.00	0.00	9.75
1,028.50	44.50	4.50	0.00	49.00
308.00	14.00	0.00	0.00	14.00
591.25	10.75	0.00	10.75	21.50
110.00	5.00	0.00	0.00	5.00
797.50	36.25	0.00	0.00	36.25
555.50	25.25	0.00	0.00	25.25
247.50	11.25	0.00	0.00	11.25
1,116.50	50.75	0.00	0.00	50.75
979.00	46.00	0.00	0.00	46.00
467.50	21.25	0.00	0.00	21.25
737.00	33.50	0.00	0.00	33.50
236.50	10.75	0.00	0.00	10.75
962.50	40.00	2.50	0.00	42.50
473.00	21.50	0.00	0.00	21.50
485.00	22.50	0.00	0.00	22.50
225.50	10.25	0.00	0.00	10.25
728.00	33.00	0.00	0.00	33.00
72,994.13	3,122.25	183.75	52.50	3,358.50

Totals by Customer
 Customer
 SC DEPT OF CORRECTIONS
 Report Totals

Total Pay	Regular Hrs	OT Hrs	Other Hrs	Total Hrs
72,994.13	3,122.25	183.75	52.50	3,358.50
72,994.13	3,122.25	183.75	52.50	3,358.50

352886
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LICENSED PROFESSIONAL INDEPENDENT CONTRACTOR AGREEMENT

This agreement shall commence on the 8 day of Feb, 2012, by and between
Medastrial Healthcare Referral Services, a service of Condustrail Inc. which is a South
Carolina Corporation (hereinafter the "broker") and

Rachel Turner
A South Carolina Sole Proprietor and Licensed Professional with administrative offices
at 135 Villages at A.W. Coi (hereinafter the "Independent
contractor"). SC 29170

Whereas the broker is exclusively engaged in a business of referring qualified
Licensed Professionals to Facilities and individuals (the "clients") in need of services;
and

Whereas the independent contractor desires freedom, independence, and unrestricted
mobility between a variety of referral opportunities and the independent contractor is in
the different business of providing licensed professional services to the public it desires
to contract with the broker on a non-exclusive basis to be referred without obligation to
the clients and the broker desires to provide such brokerage service to the independent
contractor and the clients;

Now, therefore, in consideration of the mutual promises and covenants contained in
this agreement, the parties agree as follows:

1. SCOPE OF UNDERSTANDING

A "referral" is defined as the broker informing the independent contractor of an
opportunity to provide licensed professional services to the public which may or may not
be pursued by the independent contractor. The contractor shall provide licensed
professional services as an independent contractor directly to the clients. The clients have
engaged the broker to locate providers of licensed professional services in accordance
with such standards of training, ability, skill, and experience as may be established by
such clients or imposed by such federal, state and local regulatory requirements. Upon
the independent contractor's choice and direction, the broker shall examine the
independent contractor's license for providing services to the clients, shall refer the
contractor to the client for further evaluation and inform of an opportunity to provide his
or her services to the public, shall inform of the proposed rate for such services and shall
otherwise perform as stated herein. The independent contractor acknowledges that the
independent contractor is subject to licensing, performance, qualification, and continuing
education requirements established by federal, state, and/or local governmental
authorities as well as by the clients and that such requirements are not in any way
imposed, established or controlled by the broker. The parties acknowledge that this
agreement is in no way an agreement by the broker to offer, or by the contractor to
accept, any referral, but that the terms and conditions hereof shall apply when, and if the
independent contractor an opportunity to provide services to the public and the
independent contractor, in his/her discretion pursues the opportunity further. If the
opportunity is pursued and accepted by the independent contractor, then it shall be a
contractual obligation to provide the services to the public at the time and place of the
accepted referral.

2. AGREEMENT TERM

This agreement shall expire 12 months after the date listed above. Each accepted referral shall be considered a separate contract to which the terms of this agreement apply. Expiration and/or termination of this agreement shall not terminate the independent contractor's obligation with respect to referrals that have already been accepted by the independent contractor and the client as of the time of such termination; for purposes of such referrals, the term of this agreement shall be extended until completion of such accepted referrals. In the event the independent contractor terminates the services for the client in violation of this agreement, in addition to other damages and relief afforded to the broker under this agreement, the contractor shall pay liquidated damages in the amount of \$100.00 per day of unfulfilled obligation to compensate the broker for its lost commission thereon.

3. REFERRALS AND SUBCONTRACTING

With respect to any and all referrals, the independent contractor may subcontract its obligations under the accepted referral subject to this agreement to any equally qualified substitute at the same or different rate (for profit purposes). If for any reason the independent contractor does not fulfill a referral personally, the independent contractor shall be responsible for securing such a substitute. The independent contractor shall be liable to the broker for damages attributable to any loss of commission by the broker as a result of subcontract hereunder.

4. COMPETITION

The independent contractors are encouraged to provide his or her services to other brokers. The broker acknowledges that the independent contractors holds themselves out to the public as available to provide licensed professional services and perform all services in their own business name, and broker poses no limitations that shall restrict the contractor's right to do so.

5. EXPENSES PAID BY CONTRACTOR

The independent contractor shall provide and pay for all licenses, certifications, continuing education, insurance, training, tools, equipment, transportation, meals, materials, uniforms and any and all other expenses related to his or her own agency. The broker shall not provide nor reimburse for any foregoing items or any other expenses incurred by the contractor. The contractor's invoiced hours will not include hours spent in formal training. Any cost authorized by client will not include any reimbursement to the independent contractor for formal training.

6. CONTRACT PAYMENT

The parties agree to follow the customary method of payment in the broker/independent contractor industry, to wit: the independent contractor shall maintain records of the hours that services are rendered for each accepted referral, shall have the hours verified by a client representative by having such records signed, and shall submit such records to the broker together with the contractor's invoice. Such invoice shall calculate the amount due

to the contractor by multiplying the hours so verified by an hourly rate determined in accordance with the schedule appended hereto as schedule "A" as amended from time to time by mutual written consent of the parties. The independent contractor shall be entitled to payment of fees per their verified invoice, and the broker shall become obligated to pay such fees to the independent contractor, upon receipt by the broker of funds from the client for such invoices, and the broker shall have no liability should the client not remit funds covering that invoice to the broker. At the request of and as a convenience for the contractor, the broker may provide funds to the independent contractor prior to receiving funds from the client. Notwithstanding any such arrangement, the independent contractor acknowledges that the client has control of the payment of the contractor's fees and that the independent contractor shall continue to bear the risk of loss. If the broker does not receive funds from the client that cover all hours set forth in the independent contractor's invoice for which such payment was made, then the independent contractor must repay or payback the broker any amount equal to the excess of funds provided by the broker to the independent contractor over the amount to which the independent contractor would be entitled if the only hours invoiced were for those which the client had made payment. Such repayments shall be due immediately upon written demand mailed to the independent contractor at his or her address of record. In the event of any dispute over whether the client has the obligation to pay for the contractor's services, the contractor shall have the responsibility to persuade the client that such payments are due. No remuneration other than that expressly provided herein will be provided in any form, to the independent contractor by the broker or anyone else on the account of the independent contractor's services hereunder. The independent contractor acknowledges that the broker will bill the client based upon the verified hours reflected in the independent contractor's invoice at a rate agreed upon between the broker and the client and that the difference between the amount paid to the broker by the client and the amount due to the independent contractor per its invoice shall be retained by the broker as a commission from the client to the broker for locating the licensed professional and informing it of the opportunity. The broker has no duty to and shall not negotiate with the client regarding disputed independent contractor invoices.

7. SELF EMPLOYED; NO BENEFITS; RESPONSIBILITY

The independent contractor shall provide licensed, professional services, using the independent contractor's own appropriate independent skill and judgement, and the methods and means that appear best suitable to the independent contractor to perform the work. The broker shall have no right or responsibility hereunder to, and shall not, instruct, direct, supervise or otherwise control the independent contractor in the performance of any of his or her services, prescribe the independent contractor's duties or the method or means of performance thereof, review or evaluate the independent contractor's performance, require progress reports, set the order or sequence of performing of services, or set the contractor's hours or location of work, except that the contractor shall not perform services on the broker's premises. The parties to this agreement agree that the relationship created by this agreement is that of broker-independent contractor. The independent contractor agrees that the contractor is not an employee of the broker or the client. The independent contractor is not entitled to and shall not receive benefits or rights guaranteed to the broker or the client, or by operation

of law, to their respective employees, included but not limited to group insurance, liability insurance, disability insurance, worker's compensation, paid vacation, sick leave, or other leave,

Retirement plans, health plans, bonuses, premium "overtime" pay, and the like, and the contractor acknowledges that she has negotiated her fees based upon these considerations. Broker shall provide independent contractor with a 1099 Misc form each year if applicable. Independent contractor shall pay its entire tax obligation to the appropriate government authorities.

8. LIABILITY; INSURANCE INDEMNIFICATION

Because of the independent status of the independent contractor, the independent contractor is solely and completely accountable for the services provided to the client, and neither the client nor the broker shall have any liability whatsoever to any party for such services provided by the contractor. The broker will not indemnify the independent contractor for any liability incurred by the independent contractor. The independent contractor understands that the broker will not in good faith to describe requirements set forth by the client, but because the independent contractor has the opportunity to discuss such requirements directly with the client prior to the acceptance of the referral offered by the client, and because the broker has no right to control any aspect of the referral on which the independent contractor will be working, the independent contractor hereby RELEASES the broker from any liability related to the representations about the clients requirements or to the conditions under which the independent contractor will be working. The independent contractor shall maintain throughout the term of this agreement and shall provide to the broker a certificate of professional liability and malpractice insurance in the amount of \$1,200,000 and containing an express provision that such policy can not be canceled without 30 days prior written notice to the broker of the intent to do so. The broker shall have the subrogation rights against the carrier of such insurance in the event an action is commenced against the broker. The independent contractor shall indemnify and hold harmless the broker and the client with respect to any loss, claim, cost, damage or expense, including reasonable attorney's fees and court costs, which the broker or client may sustain, suffer or incur by reason of any rights, actions or claims against the broker or client arising out of this agreement or out of any act or omission of the independent contractor.

Such indemnification shall include, without limitation, any worker's compensation, "overtime", tax liability, or other claims brought or liabilities imposed by any person or entity against the broker or the client relating to the independent contractor's status as an independent contractor, including without limitations any preliminary or final determination of any court or governmental agency.

9. TRUTH IN STATEMENTS

The independent contractor represents and warrants that information provided by the independent contractor to qualify the independent contractor for the referrals to clients is true to the best of the independent contractor's knowledge; that the independent contractor understands that any misstatement or lack of candor by the independent contractor with respect to its qualifications or availability may be grounds for immediate termination by the client of any referral constitutes a breach of this agreement; and that

the independent contractor maintains a set of books and records that reflect items of income and expense of the independent contractor's trade or business.

10. INDEPENDENT CONTRACTOR'S CHOICE

The broker will not guarantee working hours, schedules or the amount of work available at a given time. Most opportunities are for a single day only. It is the independent contractor's choice to contact the broker, or whoever information about an opportunity is desired. It is the independent contractor's choice to keep the broker informed of independent contractor's availability and desire to work.

11. REMEDIES FOR BREACH AND OTHER RELIEF

Any breach of any provision of this agreement by the independent contractor shall entitle the broker to recover from the contractor damages and injunctive relief. With respect to liquidated damages under paragraph 2, repayments under paragraph 3, and lost commission under paragraph 5 of this agreement, the independent contractor shall pay said liquidated damages or may elect the remedy of instructing the broker to offset such amounts against any other payment due to the independent contractor. The provisions of this shall survive the expiration or termination of this agreement.

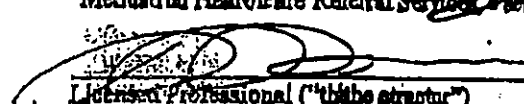
12. MISCELLANEOUS

This agreement and attached schedule represent the entire agreement and understanding of the parties and any modifications thereof shall not be effective unless contained in writing signed by both parties. No other document, including any agreement between the broker and the client, shall be deemed to modify any terms of this agreement unless expressly stated in writing to do so and signed by both the broker and the independent contractor. Each provision of this agreement shall be considered severable such that if any one provision or clause conflicts with existing or applicable law, this shall not affect any other provision of this agreement which can be given effect without the conflicting provisions or clause. The independent contractor represents that the independent contractor has read and understands the terms of this agreement, has had no opportunity to ask any questions and to seek advice of legal counsel regarding these terms, and is not relying upon any advice from the broker and this regard. This agreement shall be governed by the laws of the State of South Carolina, except for its choice of law principles, regardless of where the contractor's work is performed, any litigation shall be brought in the state or federal courts of the State of South Carolina. This agreement shall be binding upon and shall inure to the benefit of the successors, heirs, assigns, and personal representatives of the parties hereto. Wherever appropriate to the context, each gender shall include the others, and the singular and plural shall include each other.

In witness whereof, the parties hereto have executed this agreement on the date first above written.

BY:


Medustrial Healthcare Referral Services, a service of Condustral Inc. ("the broker") Agent


Licensed Professional ("the contractor")

Condustral 00245

LICENSED PROFESSIONAL INDEPENDENT CONTRACT AGREEMENT

This agreement shall commence on the 9 day of October 2014, by and between Medustrial Healthcare Referral Services, a service of Condustral Inc. which is a South Carolina Corporation (hereinafter the "broker") and Medustrial
A South Carolina Sole Proprietor and Licensed Professional with administrative offices at Rachel Turner (hereinafter the "independent contractor").

Whereas the broker is exclusively engaged in a business of referring qualified Licensed Professionals to facilities and individuals (the client's) in need of services; and

Whereas the independent contractor desires freedom, independence, and unrestricted mobility between a variety of referral opportunities and independent contractor is in the different business of providing licensed professional services to the public it desires to contract with the broker on a non-exclusive basis to be referred without obligation to the client's and broker desires to provide such brokerage service to the independent contractor and the clients;

Now, therefore, in consideration of the mutual promises and covenants contained in this agreement, the parties agree as follows:

1. SCOPE OF UNDERSTANDING

A "referral" is defined as the broker informing the independent contractor of an opportunity to provide licensed professional services to the public which may or may not be pursued by the . The contractor shall provide licensed professional services as an independent contractor directly to the clients. The clients have engaged the broker to locate providers of licensed professional services in accordance with such standards of training, ability, skill, and experience as may be established by such clients or imposed by such federal, state and local regulatory requirements. Upon the independent contractor choice and direction, the broker shall examine the independent contractor's license for providing services to the clients, shall refer the contractor to the client for further evaluation and inform of an opportunity to provide his or her services to the public, shall inform of the proposed rate for such services and shall otherwise perform as stated herein. The independent contractor acknowledges that the independent contractor is subject to licensing, performance, qualification, and continuing education requirements established by federal, state, and/or local governmental authorities as well as by the clients and that such requirements are not in any way imposed, established or controlled by the broker. The parties acknowledge that this agreement is in no way an agreement by the broker to offer, or by contractor to accept, any referral, but that the terms and conditions hereof shall apply when, and if the independent contractor, in his/her discretion pursues the opportunity further. If the opportunity is pursued and accepted by the independent contractor, then it shall be on contractual obligation to provide the services to the public at the time and place of the accepted referral.

2. AGREEMENT TERM

This agreement shall expire twelve months after the date listed above. Each accepted referral shall be considered a separate contract to which the terms of the agreement apply. Expiration and/or termination of this agreement shall not terminate the independent contractor's obligation with respect to referrals that have already been accepted by the independent contractor and the client as of the time of such termination; for purposes of such referrals, the term of this agreement shall be extended until completion of such accepted referrals. In the event the independent contractor terminates the services for the client in violation of this agreement, in addition to other damages and relief afforded to the broker under this agreement, the contractor shall pay liquidated damages in the amount of \$100.00 per day of unfulfilled obligation to compensate the broker for its lost commission thereon.

3. REFERRALS AND SUBCONTRACTING

With respect to any and all referrals, the independent contractor may subcontract its obligations under the accepted referral subject to this agreement to any equally qualified substitute at the same or different rate (for profit purposes). If for any reason the independent contractor does not fulfill a referral personally, the independent contractor shall be responsible for securing such substitute. The independent contractor shall be liable to the broker for damages attributable to any loss of commission by the broker as a result of subcontract hereunder.

4. COMPETITION

The independent contractors are encouraged to provide his or her services to other brokers. The broker acknowledges that the independent contractors hold themselves out to the public as available to provide licensed professional services and perform all services in their own business name, and broker poses no limitations that shall restrict the contractor's right to do so.

5. EXPENSES PAID BY CONTRACTOR

The independent contractor shall provide and pay for all licenses, certifications, continuing education, insurance, training, tools, equipment, transportation, manuals, materials, uniforms and any and all other expenses related to his or her own agency. The broker shall not provide nor reimburse for any forgoing items or any other expenses incurred by the contractor. The contractor's invoiced hours will not include hours spent in formal training. Any cost authorized by client will not include any reimbursement to the independent contractor for formal training.

6. CONTRACT PAYMENT

The parties agree to follow the customary method of payment in the broker/independent contractor industry, to wit: the independent contractor shall maintain record of the hours that services are rendered for each accepted referral, shall have the hours verified by a client representative by having such records signed, and shall submit such records to the broker together with the contractor's invoice. Such invoice shall calculate the amount due to the contractor by multiplying the hours so verified by an hourly rate determined in accordance with the schedule appended hereto as scheduled "A" as amended from time to

time by mutual written consent of the parties. The independent contractor shall be entitled to payment of fees per their verified invoice, and the broker shall become obligated to pay such fees to the independent contractor; upon receipt by the broker of funds from the client for such invoices, and the broker shall have no liability should the client not remit funds covering that invoice to the broker. At the request of and as a convenience for the contractor, the broker may provide funds to the independent contractor prior to receiving funds from the client. Notwithstanding any such arrangement, the independent contractor acknowledges that the client has control of the payment of the contractor's fees and that in the independent contractor shall continue to bear the risk of loss. If the broker does not receive funds from the client that cover all hours set forth in the independent contractor's invoice for which such payment was made, then the independent contractor must repay or payback the broker any amount equal to the excess of funds provided by the broker to the independent contractor over the amount to which the independent contractor would be entitled if the only hours invoiced were for those which the client had made payment. Such repayments shall be due immediately upon written demand mailed to the independent contractor at his or her address of record. In the event of any dispute over whether the client has the obligation to pay for contractor's services, the contractor shall have the responsibility to persuade the client that such payments are due. No remuneration other than that expressly provided herein will be provided in any form, to the independent contractor by the broker or anyone else on the account of the independent contractor's invoice at a rate agreed upon between the broker and the client and that the difference between the amount paid to the broker by the client and the amount due to the independent contractor per its invoice shall be retained by the broker as a commission from the client to the broker for locating the licensed professional and informing it of the opportunity. The broker has no duty to and shall not negotiate with the client regarding disputed independent contractor invoices.

7. SELF EMPLOYED; NO BENEFITS; RESPONSIBILITY

The independent contractor shall provide licensed, professional services, using the independent contractor's own appropriate independent skill and judgment, and the methods and means that appear best suitable to the independent contractor to perform the work. The broker shall have no right or responsibility hereunder to, and shall not, instruct, direct, supervise or otherwise control the independent contractor in the performance of any of his or her services, prescribe the independent contractor's duties or the method or means of performance thereof, review or evaluate the independent contractor's performance, require progress reports, set the order or sequence of performing of services, or set the contractor's hours or location of work, except that the contractor shall not perform services on the broker's premises. The parties to this agreement agree that the relationship created by this agreement is that of broker - independent contractor. The independent contractor agrees that the contractor is not an employee of the broker or the client. The independent contractor is not entitled to and shall not receive benefits or rights guaranteed to the broker or the client, or by operation of law, to their respective employees, included but not limited to group insurance, liability insurance, disability, worker's compensation, paid vacation, sick leave, or other leave,

Retirement plans, health plans, bonuses, premium "overtime" pay, and the like, and the contractor acknowledges that he/she has negotiated her fees based upon these considerations. Broker shall provide independent contractor with a 1099 Misc form each year if applicable. Independent contractor shall pay its entire tax obligation to the appropriate government authorities.

8. LIABILITY; INSURANCE INDEMNIFICATION

Because of the independent status of the independent contractor, the independent contractor is solely and completely accountable for the services provided to the client, and neither the client nor the broker shall have any liability whatsoever to any party for such services provided by the contractor. The broker will not indemnify the independent contractor for any liability incurred by the independent contractor. The independent contractor understands that the broker will act in good faith to describe requirements set forth by the client, but because the independent contractor has the opportunity to discuss such requirements directly with the client prior to the acceptance of the referral offered by the client, and because the broker has no right to control any aspect of the referral on which the independent contractor will be working, the independent contractor hereby RELEASES the broker from any liability related to all representations about the clients requirements or to the conditions under which the independent contractor will be working. The independent contractor shall maintain throughout the term of this agreement and shall provide to the broker a certificate of professional liability and malpractice insurance in the amount \$1,200,000 and containing an express provision that such policy can not be canceled without 30 days prior written notice to the broker of the intent to do so. The broker shall have the subrogation rights against the carrier or such insurance in the event an action is commenced against the broker. The independent contractor shall indemnify and hold harmless the broker and the client with respect to any loss, claim, cost, damage or expense, including reasonable attorney's fees and court costs, which the broker or client may sustain, suffer or incur by reason of any rights, actions, or claims against the broker or client arising out of this agreement or out of any act or omission of the independent contractor.

Such indemnification shall include, without limitation, any worker's compensation, "overtime", tax liability, or other claims brought or liabilities imposed by any person or entity against the broker or the client relating to the independent contractor's status as an independent contractor, including without limitations any preliminary or final determination of any court or governmental agency.

9. TRUTH IN STATEMENTS

The independent contractor represents and warrants that information provided by to independent contractor to qualify the independent contractor for the referrals to clients is true to the best of the independent contractor's knowledge; that the independent contractor understands that any misstatement or lack of candor by the independent contractor with respect to its qualifications or availability may be grounds for immediate termination by the client of any referral constitutes a breach of this agreement; and that the independent contractor maintains a set of books and records and reflects items of income and expenses of the independent contractor's trade or business.

10. INDEPENDENT CONTRACTOR'S CHOICE

The broker will not guarantee working hours, schedules or the amount of work available at a given time. Most opportunities are for a single day only. It is the independent contractor's choice to contact the broker, or whenever information about an opportunity is desired. It is the independent contractor's choice to keep the broker informed of independent contractor's availability and desire to work.

11. REMEDIES FOR BREACH AND OTHER RELIEF

Any breach of any provision of this agreement by the independent contractor shall entitle the broker to recover from the contractor damages and injunctive relief. With respect to liquidated damages under paragraph two, repayments under paragraph three, and lost commission under paragraph five of this agreement, the independent contractor shall pay said liquidated damages or may elect the remedy of instructing the broker to offset such amounts against any other payment due to the independent contractor. The provisions of this shall survive the expiration or termination of this agreement.

12. MISCELLANEOUS

This agreement and attached schedule represent the entire agreement and understanding of the parties and any modifications thereof not be effective unless contained in writing signed by both parties. No other document, including any agreement between the broker and the client, shall be deemed to modify any terms of this agreement unless expressly stated in writing to do so and signed by both the broker and the independent contractor. Each provision of this agreement shall be considered severable such that if any one provision or clause conflicts with existing or applicable law, this shall not affect any other provision of this agreement which can be given effect without the conflicting provisions or clause. The independent contractor represents that the independent contractor has read and understands the terms of this agreement, has had no opportunity to ask any questions and to seek advice of legal counsel regarding these terms, and is not relying upon any advice from the broker and this regard. This agreement shall be governed by the laws of the State of South Carolina, except for its choice of law principles, regardless of where the contractor's work is performed; any litigation shall be brought in the state or federal courts of the State of South Carolina. This agreement shall be binding upon and shall inure to the benefit of the successors, heirs, assigns, and personal representatives of the parties hereto. Wherever appropriate to the context, each gender shall include the others, and the singular and plural shall include each other.

In witness whereof, the parties hereto have executed this agreement on the date first above written.

By: Holly Seely
Industrial Healthcare Referral Services, a service of Condustral Inc. ("The Broker") Agency

[Signature]
Licensed Professional ("The Contractor")

Condustral 00250



SERVICE AGREEMENT

This CONTRACT LABOR SERVICE AGREEMENT (hereinafter "Agreement") is made on this 11th day of March, 2015, by and between Countrywide Payroll & HR Solutions, Inc. DBA Countrywide Staffing Solutions Group, a Tennessee corporation (hereinafter referred to as "CSSG" or the "Company"), and Condustrail, Inc. with a principal office located at 514 E. North Street, Greenville, SC 29601 (hereinafter referred to as "Client"). Collectively, CSSG and Client shall be hereinafter referred to as "the Parties."

WHEREAS, CSSG is a contract labor service (CLS) entity that wishes to outsource to Client one or more of the following functions: furnish Selected Staffing/Employees for client's normal business operations, staffing employee recruitment, job assignment, to obtain and provide workers' compensation insurance and/or employers liability insurance, payroll funding, and/or certain other functions.

WHEREAS, Client is a staffing entity who wishes to perform one or more of the above-referenced functions on an outsource basis on behalf of CSSG.

WHEREAS, Client and CSSG recognize that each will receive significant advantages from this Agreement.

NOW, THEREFORE, in consideration of the promises and mutual covenants contained herein, and for other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the parties hereto agree as follows:

1. CSSG Services. CSSG (through one of its subsidiaries at its option) will perform the following with respect to Selected Staffing/Employees performing services for Client based on timely, accurate, and complete information and payment provided by Client:

a. Furnish and/or Provide Selected Staffing/Employees to perform the type of work described on Exhibit B under Client's supervision at the locations specified on Exhibit B;

b. Reserved/Deleted;

c. Pay, withhold, and transmit all payroll, federal, state, or local taxes that are, or may be, assessed upon labor or employment furnished under this agreement; provide unemployment insurance and workers' compensation benefits; and handle unemployment and workers' compensation claims involving Selected Staffing/Employees;

d. Provide employer's liability insurance in amounts of \$1,000,000 for each accident and \$1,000,000 for each disease;

e. Establish and maintain an employee personnel file for each Assigned Employee and ensure that each personnel file meets all state and federal legal requirements, including all I-9 requirements; and

f. Perform all other administrative functions customarily performed by an employer for its employees to include but not be limited to recruiting, interviewing, selecting, hiring, training, and performing background checks as deemed necessary by CSSG.

g. CSSG agrees to provide or furnish, directly and/or through agents designated at the time of execution of this agreement, Client with Certificates of Insurance indicating compliance with and provision of all insurance coverage requirements provided in this agreement. Proof of insurance coverage and CSSG's Federal Tax ID Number will be submitted within 3 days of any request for same.

2. Client Obligations. Client shall:

a. Client shall make any and all strategic, operational and other business-related decisions regarding its business. Such decisions and related outcomes shall exclusively be the responsibility of Client and CSSG shall bear no

COUNTRYWIDE

staffing solutions group

responsibility or liability for any actions or inactions by Client or by any leased employee. Additionally, Client shall have sole and exclusive control over the day-to-day job duties of all leased employees and CSSG shall have no responsibility with regard to the leased employees' performance of such day-to-day job duties. Furthermore, CSSG shall have no control over the jobsite at which, or from which, leased employees perform their services. Control over the day-to-day duties of leased employees and over the job site at which, or from which, leased employees perform their services is solely and exclusively assigned to Client. Client expressly absolves CSSG of control over the day-to-day job duties of the leased employees and over the job site at which, or from which, leased employees perform their services. CSSG does not assume any responsibility for and makes no assurances, warranties, or guarantees as to the ability or competence of any leased employee. Client shall immediately report to CSSG all complaints, allegations or incidents of any misconduct or workplace safety violations, regardless of the source. This duty shall also include reporting all employment-related complaints, allegations or incidents of employment misconduct, including but not limited to sexual harassment matters. Client shall provide to CSSG complete and accurate disclosure of all circumstances surrounding such matters;

b. Provide Selected Staffing/Employees with a safe work site and provide appropriate information, training, and safety equipment with respect to any hazardous substances or conditions to which they may be exposed at the work site;

c. Submit timely, complete, and accurate payroll information (including gross wages earned, any deductions, time worked, leave/time off status, worker classification code, and overtime exempt status) for each Assigned Employee for each applicable payroll period at least three banking days prior to the date on which payroll is to be issued by CSSG. All information provided by Client to CSSG will be complete, accurate, and not misleading. Client is responsible for the security and transmission of information prior to actual receipt by CSSG;

d. Pay CSSG's invoices in full by guaranteed certified/cashier's funds or wire transfer of funds upon receipt of the invoice documented with signed time tickets for the Client's job assignments. Client will be responsible for any and all ACH and/or wire transfer fees. If invoices are not paid immediately upon receipt, Client shall be subject to the payment terms as stipulated in Section 4 herein;

e. Timely report to CSSG any and all claims for benefits made or pursued by any Selected Staffing/Employees, whether such claim for benefits is due to an occupational injury, employment termination, or otherwise. Client acknowledges that they will be charged a claims fee for each claim reported that is based on an occupational injury. This claims fee shall be specified in the attached Schedule A.

3. Selected Staffing/Employees. The parties agree that all labor and/or employment performed by the Selected Staffing/Employees under this agreement shall be performed under the mutual direction and control of both parties as co-employers, as recited throughout this agreement, including that CSSG:

- (a) Reserves a right of direction and control over leased employees assigned to Client's location, but not to the extent of prescribing how the work shall be performed. Client retains sufficient direction and control over the leased employees as is necessary to conduct Client's business and without which Client would be unable to conduct its business, discharge any fiduciary responsibility that it may have, or comply with any applicable licensure, regulatory or statutory requirement of Client Company;
- (b) Assumes responsibility for the payment of wages to the leased employees without regard to payments by Client to the leasing company;
- (c) Assumes full responsibility for the payment of payroll taxes and collection of taxes from payroll on leased employees;
- (d) Retains authority to hire, terminate, discipline, and reassign the leased employees. However, Client has the right to accept or cancel the assignment of any leased employee;
- (e) Retains a right of direction and control over management of safety, risk and hazard control at the worksite or sites affecting its leased employees, including (1) responsibility for performing safety inspections of client equipment and premises, (2) responsibility for the promulgation and administration of employment and safety policies; and (3) responsibility for the management of workers' compensation claims, claims filings and related procedures;

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although Client Company acknowledges that CSSG in either providing or not providing such assistance and responsibility assumes no liability; and

(f) Gives written notice of the relationship between CSSG and Client to each leased employee it assigns to perform services at Client's worksite

4. Service Fees. Client shall be entitled to service fees from CSSG for performing one or more of the following functions: recruiting employees, performing certain administrative functions, payroll funding, and procuring CLS customers for CSSG. Upon Client signing this Agreement and Schedule A which is attached to and an integral part of this Agreement, Client accepts the rates to be charged. Client shall not make any agreement, promise, or other agreement with any CLS customer to extend credit for payment to Countrywide Staffing Solutions Group of payroll, payroll taxes, unemployment insurance, workers' compensation insurance or any administrative functions without express written consent of CSSG.

Either CSSG shall perform the CLS customer billing and collection function or CSSG may outsource this function to Client to be performed on its behalf. This will be agreed upon before the execution of this Agreement and a box will be checked by Client on Schedule A reflecting and confirming this arrangement. If CSSG performs the CLS customer billing and collection function CSSG shall pay Client on a weekly basis for all CLS customer payments received by Countrywide Staffing Solutions Group during the previous week. This weekly payment will be equal to the amount CSSG invoices and collects from CLS customers procured by Client for recruited employees on assignment, plus other expenses, if any, less Schedule A rates per workers' compensation class code, times the gross wages of recruited employees on assignment in that applicable week. CSSG shall pay Client every Friday after CSSG has debited electronically the account of the CLS customer or negotiated a check from a third party payor, provided the third-party payor has paid CSSG's invoices in full for the services provided. Such amounts paid to Client shall be less any NSF and/or delivery charges. If Client performs the CLS customer billing, collection and funding function on behalf of CSSG, CSSG will bill and collect from Client per pay period, and in advance, an amount equal to Schedule A rates per workers' compensation class code times the gross wages of recruited employees on assignment in that applicable pay period ("Payroll Funding"). In such case, the amount due to CSSG will be ACH'd by CSSG from Client on Tuesday for a Friday payroll. The line on Schedule A stating that Client will perform this function must be checked upon execution of this Agreement to reflect this arrangement and agreement. In either case whether it be CSSG or Client that performs the CLS customer billing and collection function, the CSSG name must appear predominantly on all billing invoices issues in any way to CLS customers.

The rates shown in Schedule A are subject to change by CSSG based upon various factors with any change requiring written agreement and acceptance by Client prior to taking effect. Rates for workers' compensation class codes not shown in Schedule A to the Agreement that are applicable to a recruited employee's services on assignment to Client procured CLS customer, shall be established by and between CSSG and Client before any such rates are applied or used under the Agreement.

If CSSG is performing the billing and collection functions and CSSG's accounts receivable balance with any CLS customer has a negative balance, CSSG shall not be required to pay to Client any service fee under the Agreement until such receivable account shows a positive balance.

5. CLS Customer Contracts. Deleted

6. Work Environment. CSSG and CSSG's workers' compensation carrier shall have the right to inspect the premises of all CLS customers upon reasonable notice during normal business hours to access and recommend safety procedures. CSSG is responsible for the establishment, circulation, and administration of employment and safety policies, coordinating the management of workers' compensation claims and procedures. CSSG shall have the right to cease providing recruited employees to a third party if, in the reasonable opinion of CSSG, after consultation with Client and a reasonable time to cure, CSSG believes that the third party's worksite or any portion thereof or any practice or equipment of the third party presents an undue risk of injury or death to Selected Staffing/Employees. CSSG shall have the right to refrain from providing recruited employees to such third party until, in the opinion of CSSG, the unsafe worksite, practice or equipment is rectified to such an extent that the undue risk of injury or death no longer exists. Alternatively, Client may continue relationship with such third party in its reasonable business discretion if it obtains other insurance coverages for the provision of its Selected Staffing/Employees, apart from those provided under this agreement, and holds CSSG harmless for the provision of any such personnel.

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7. Effective date and Term. This Agreement shall be effective on the date signed by the last party to execute this Agreement and remain in force for the term of one (1) year (the "Initial Term"). Following the Initial Term, this Agreement shall renew for additional one (1) year periods unless terminated by either party per the terms of this Agreement.

8. Termination. Either party may terminate this Agreement for any reason with 60 days written notice to the other party. This Agreement may also be terminated by CSSG if Client materially breaches this Agreement if Client does not cure such breach or take substantial steps to cure such breach after 10 days written notice by CSSG to Client. CSSG may also terminate this Agreement if CSSG reasonably determines that a material adverse change has occurred in the financial condition or the business operation of Client, or that Client cannot or will not pay its obligations in the ordinary course of business, if Client does not cure such breach or take substantial steps to cure such breach after 10 days written notice by CSSG to Client of such concern/determination. This Agreement may also be terminated, upon five (5) days' notice by either party, in the event of any federal or state legislation, regulatory action or judicial decision that, in the sole discretion of the other party, materially adversely affects its ability to perform under this Agreement. These rights shall not be in derogation of any rights either party may have under this Agreement. Upon termination by either party of this Agreement, necessary Client information will be given to Client by CSSG.

9. Indemnification. Each party agrees to indemnify, defend and hold harmless the other party, its officers, shareholders, non-recruited employees, directors and agents from and against any and all losses, liabilities, expenses (including court costs and attorneys' fees) and claims for damage of any nature whatsoever, whether known or unknown as though expressly set forth and described herein, which the other may incur, suffer, become liable for, or which may be asserted or claimed against the other as a result of the actual or alleged acts, errors or omissions of the first party, including without limitation any violation or breach by the first party, or any claims whatsoever arising out of actual or alleged violations of wage and hour laws, tort law, and/or any federal or state employment related regulation or law. In the event that each party is required to defend against any claim or prosecute any claim by the breach or default in any provision of this Agreement to enforce the terms of this Agreement, the prevailing party shall be awarded all reasonable costs pertaining thereto, including reasonable attorneys' fees and costs in addition to any other relief to which the prevailing party may be entitled. Client agrees that access to real or personal property at Clients or a CLS customer's site, to any person who may be handicapped or disabled that Client has ownership or some other control, shall be the sole and exclusive responsibility of the Client. The parties further agree to hold harmless, indemnify, and defend each other, their officers, shareholders, employees, and directors, from any losses, liabilities, or attorneys' fees and claims for damage, for the consequences of any such breaches under this Agreement attributable in whole or in part to said party.

10. Guarantee. The individual signing this Agreement on behalf of Client (Guarantor) acknowledges that this Agreement constitutes a valuable benefit to Guarantor and accordingly, as an Inducement to CSSG to enter into this Agreement, personally guarantees all obligations of Client under this Agreement (as it may be amended from time to time with written notice to Guarantor) and will save, indemnify, and hold harmless CSSG from Client's failures to meet its obligations and any costs (including court/arbitration costs and reasonable attorneys' fees) of enforcing this guarantee. Upon Client's failure to meet any obligation, CSSG may recover immediately from Guarantor without having to make demand on Client, and any discharge (including, without limitation, in bankruptcy) of any sum due from Client to CSSG other than by full payment will not discharge Guarantor, nor will claims against CSSG or assertions of set-off constitute a defense to an obligation of Guarantor. CSSG may enforce this guarantee by arbitration or suit in Knox County, Tennessee as provided elsewhere herein and guarantor consents to personal jurisdiction and venue accordingly. Guarantor consents to be personally served by sending service to Client's last known place of business or by other legally sanctioned method. No delay or failure to enforce the terms of this provision will constitute a waiver or require future waivers. This guarantee is irrevocable and will survive any termination of this Agreement.

11. Credit Checks and Information. Both parties agree that the other may use credit reports and information during and after the approval process of this Agreement and/or the collection of any debt created by this Agreement. If one party requests, the other party will inform the other whether a credit report was requested and, if so, the name and address of the consumer reporting agency used.

12. Confidential Information. Each party shall keep the other party's business secrets, including but not limited to customer, supplier, logistical, financial, research and development information, business model, confidential and shall not disclose such information to any third party during and after termination of this Agreement without the written consent of the other party. Each party agrees not to divulge to anyone, any confidential information of the other party, that comes to

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his or her attention, except as absolutely necessary in the performance of his or her duties hereunder. Also each party agrees not to make any use of confidential information that is contrary to this Agreement.

13. Non-solicitation/non-circumvention by Countrywide Staffing Solutions Group. During the term of this Agreement and for a period of (1) one year after a termination of this Agreement, CSSG shall not, for itself, or any other entity, directly or indirectly, in any capacity, pirate, induce, solicit, or contact, CLS customers or recruited employees procured or recruited by Client for CSSG, or conduct business directly with the CSSG without Client being compensated per this Agreement, or to otherwise interfere with in any way any such business relationship.

14. Governing Law: Partial Invalidity. This Agreement and the respective rights and obligations of the parties hereto shall be governed by and determined solely in accordance with the laws of the State of Florida, without giving effect to its conflict of laws, principles or rules. If any provision of this Agreement shall be declared invalid under such laws, the validity of the other provisions shall remain in effect just as if the invalid portions had been omitted.

- a. In the event of any controversy or claim arising out of or relating to this Agreement or the breach or alleged breach hereof, each of us irrevocably agrees to submit the matter to mediation where such mediation shall be a condition precedent to any demand for arbitration. Each party shall bear their own costs and expenses for mediation. The costs of the mediator shall be borne equally by each party. The parties shall confer and agree upon a mutual mediator.
- b. Where mediation is unsuccessful, the parties shall submit the dispute to a binding arbitration to be administered by a single arbitrator selected from the list of panel arbitrators provided by the American Arbitration Association. Any arbitration proceeding shall be initiated by the complaining party serving a written demand for arbitration upon the other party. The written demand shall contain a detailed statement of the matter and facts supporting the demand and include copies of all related documents.
- c. The arbitration shall be conducted pursuant to the AAA arbitration rules and shall be administered by the AAA. The arbitrator shall be required to apply the substantive law of the State of Florida. The arbitrator shall make findings of fact and conclusions of law and shall have no authority to make any award which could not have been made by a Court that has jurisdiction over the parties.
- d. Any judgment obtained from the arbitration shall be binding and may be reduced to judgment in any Court having jurisdiction over the judgment debtor.

15. No Agency Relationship. Client shall not have the power or authority to execute any legal documents for or on behalf of CSSG or do anything to legally bind or obligate CSSG in any manner, apart from the provision of co-employment services by Selected Staffing/Employees under this Agreement. This Agreement does not in any way create an agency or employer relationship between CSSG and Client, other than as defined herein.

16. Non-solicitation/non-circumvention by Client. During the term of this Agreement and for a period of (1) one year after a termination of this Agreement, Client shall not, for itself, or any other entity, directly or indirectly, in any capacity, pirate, induce, solicit, contact, or respond to CSSG CLS customers or recruited employees not procured or recruited by Client for CSSG to terminate a business relationship with Client, or conduct business directly with the CSSG without Client being compensated per this Agreement, or to otherwise interfere with in any way any such business relationship.

17. Representations & Warranties. Each Party represents and affirms to the other that they each have the authority to execute, deliver, and perform under this Agreement; that there is no pending legal actions against either party that may interfere or prohibit either party from performing the contemplated services per this Agreement. Client hereby represents and warrants to CSSG that it is not subject to an agreement that would restrict Client from entering into this Agreement.

18. Assignment. Neither party may assign this Agreement or the benefit of this Agreement to any other entity without the written consent of the other party. Such consent shall not be unreasonably withheld.



19. No Waiver. The failure by either CSSG or Client to insist upon strict performance of any of the provisions contained in this Agreement shall in no way constitute a waiver of any of its rights as set forth herein, at law or equity.

20. Entire Agreement, Amendment. This Agreement constitutes the entire understanding and agreement between the parties hereto. This Agreement may be modified or amended only by a written modification or amendment signed by both parties.

21. Rule of Construction. Since both parties hereto have had the opportunity to have this Agreement reviewed by counsel, the rule of construction regarding ambiguities to be construed against the drafter will not be applicable and is hereby voided.

22. Supremacy of the Agreement. This Agreement supersedes all previous Agreements or understandings between the parties hereto, and all other such Agreements or understandings, whether oral or written, shall become null and void as of the date of the execution hereof.

23. Successors. This Agreement shall be binding upon and insure to the benefit of the parties to this Agreement and their respective successors, assigns, and personal representatives.

24. Notices.

Each written notice provided for herein shall be given in writing and shall be mailed, in the case of a CSSG, to its principal offices and in the case of Client, to its principal offices. Such notice shall be considered given upon receipt when mailed by certified mail, return receipt requested, or by personal delivery.

25. Headings

The headings in the Agreement are intended for convenience or reference and shall not affect its interpretation.

26. No Third Party Beneficiaries

No rights of any third party are created by this Agreement and no person not a party to this Agreement may rely on any aspect of this Agreement notwithstanding any representation, written or oral, to the contrary.

[Signatures on Following Page]



IN WITNESS WHEREOF, the Company has caused this Agreement to be executed by its duly authorized officer, and Broker has hereunto set its hand and seal, all as of the date(s) and year written below.

ACCEPTED AND APPROVED BY:

CountryWide Payroll & HR Solutions, Inc. DBA CountryWide Staffing Solutions Group (CSSG)

Name: _____

Date: _____

Title: _____

Condustrail, Inc. (Client)

Name: Tony Parker

Date: 3-26-15

Title: President

Exhibit A

Condustrail 00325

No Loss Fund Program

State	W/C Code	wc	admin	suta	futa	FICA
DE	0808	11.49	1.125	3.72	1.50	7.65
DE	0809	10.06	1.125	3.72	1.50	7.65
DE	0813	9.18	1.125	3.72	1.50	7.65
FL	5183	6.01	1.125	3.24	0.60	7.65
FL	5190	6.51	1.125	3.24	0.60	7.65
FL	5221	6.88	1.125	3.24	0.60	7.65
FL	8742	0.54	1.125	3.24	0.60	7.65
FL	8810	0.28	1.125	3.24	0.60	7.65
GA	3832	5.79	1.125	3.24	1.80	7.65
GA	3724	6.46	1.125	3.24	1.80	7.65
GA	5190	5.39	1.125	3.24	1.80	7.65
GA	5221	6.75	1.125	3.24	1.80	7.65
GA	5808	2.12	1.125	3.24	1.80	7.65
GA	8810	0.24	1.125	3.24	1.80	7.65
MD	5148	8.33	1.125	3.12	0.60	7.65
MD	5437	10.67	1.125	3.12	0.60	7.65
MD	5808	1.64	1.125	3.12	0.60	7.65
MD	6217	7.19	1.125	3.12	0.60	7.65
MD	7380	7.17	1.125	3.12	0.60	7.65
MD	8742	0.39	1.125	3.12	0.60	7.65
MD	8810	0.18	1.125	3.12	0.60	7.65
MD	9015	4.08	1.125	3.12	0.60	7.65
MS	8282	2.95	1.125	3.24	1.80	7.65
NC	3832	4.07	1.125	1.44	1.80	7.65
NC	5148	9.62	1.125	1.44	1.80	7.65
NC	5183	6.82	1.125	1.44	1.80	7.65
NC	5190	6.60	1.125	1.44	1.80	7.65
NC	5221	6.00	1.125	1.44	1.80	7.65
NC	5535	10.45	1.125	1.44	1.80	7.65
NC	8282	5.53	1.125	1.44	1.80	7.65
NC	8742	0.58	1.125	1.44	1.80	7.65
NC	8810	0.25	1.125	1.44	1.80	7.65
SC	2305	2.85	1.125	2.41	2.40	7.65
SC	2881	3.35	1.125	2.41	2.40	7.65
SC	3385	11.89	1.125	2.41	2.40	7.65
SC	3832	4.93	1.125	2.41	2.40	7.65
SC	3724	6.23	1.125	2.41	2.40	7.65
SC	3808	7.31	1.125	2.41	2.40	7.65
SC	5022	12.00	1.125	2.41	2.40	7.65
SC	5148	8.00	1.125	2.41	2.40	7.65
SC	5183	5.82	1.125	2.41	2.40	7.65
SC	5190	7.01	1.125	2.41	2.40	7.65

120 Correct as
Agreed
8 May

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SC	5221	6.47	1.125	2.41	2.40	7.65
SC	5437	9.91	1.125	2.41	2.40	7.65
SC	5478	8.16	1.125	2.41	2.40	7.65
SC	5535	10.42	1.125	2.41	2.40	7.65
SC	5606	2.28	1.125	2.41	2.40	7.65
SC	6217	8.73	1.125	2.41	2.40	7.65
SC	7380	6.69	1.125	2.41	2.40	7.65
SC	7605	3.38	1.125	2.41	2.40	7.65
SC	8292	6.88	1.125	2.41	2.40	7.65
SC	8742	0.70	1.125	2.41	2.40	7.65
SC	8810	0.34	1.125	2.41	2.40	7.65
SC	8829	3.49	1.125	2.41	2.40	7.65
SC	8833	1.78	1.125	2.41	2.40	7.65
SC	9014	4.01	1.125	2.41	2.40	7.65
SC	9102	3.95	1.125	2.41	2.40	7.65
TN	3632	5.75	1.125	3.24	0.60	7.65
TN	5190	4.76	1.125	3.24	0.60	7.65
TN	5221	7.23	1.125	3.24	0.60	7.65
TN	7605	2.98	1.125	3.24	0.60	7.65
TN	8292	3.72	1.125	3.24	0.60	7.65
TN	8742	0.49	1.125	3.24	0.60	7.65
TN	8810	0.25	1.125	3.24	0.60	7.65
TN	9102	3.90	1.125	3.24	0.60	7.65
	Total					


correct as agreed

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Set-up Fee: \$2,859.00, due upon signing
Minimum fee: shall be calculated based on actual weekly production, payable in weekly installments,
weeks 1-52

CSSG

CountryWide Payroll & HR Solutions, Inc. DBA
CountryWide Staffing Solutions Group

By: _____

Name: _____

Title: _____

Date: _____

Client

Condustrail, Inc.

By: *Tony Duchon*

Name: *Tony Duchon*

Title: *President*

Date: *3-26-15*

**PERSONNEL SERVICES AGREEMENT
SOUTH CAROLINA DEPARTMENT OF CORRECTIONS**

THIS AGREEMENT, is made and entered into, by and between the South Carolina Department of Corrections ("SCDC") and Mediastatal Healthcare, 720 Graham Rd. Suite 118, Columbia South Carolina, 29210 licensed under the State of South Carolina hereinafter referred to as "Contractor", for and in consideration of the mutual promises herein.

WITNESSETH:

WHEREAS, SCDC desires to engage the services of Contractor to provide medical staffing personnel as an independent contractor,

WHEREAS, Contractor desires to provide medical staffing personnel as an independent contractor on the terms and conditions set out in the Agreement:

NOW THEREFORE, for and in consideration of the mutual covenants, promises, and payments as are hereinafter set forth, and other good and sufficient consideration, the sufficiency of which is hereby acknowledged by the parties, SCDC and Contractor hereby agree as follows:

1. CONTRACTOR'S RIGHTS AND OBLIGATIONS

General Engagement. SCDC hereby engages Contractor to provide qualified nursing professionals to provide services to Patients who are under the custody and control of the SCDC, and Contractor hereby accepts such engagement according to the terms and conditions of this Agreement, subject to the availability of qualified nursing professionals.

Agreed Services:

a) RN's, LPN's, assigned to SCDC by Contractor are employees of Contractor and not SCDC. These employees shall be paid for their services only by Contractor. All matters concerning wages, expenses, hours worked and paid, working conditions, and other similar administrative matters shall be resolved between Contractor and its employees and not between Contractor's employees and SCDC. Contractor shall be responsible for withholding federal and state income taxes, paying federal Social Security taxes, unemployment insurance and maintaining worker's compensation insurance in an amount and under such terms as required by the State of South Carolina.

b) Contractor shall inform its employees that their compensation is a confidential matter between Contractor and its employees, and is not to be disclosed to SCDC employees. Such a disclosure to SCDC employees may be grounds for immediate dismissal of Contractor's employee.

c) Contractor will use its best efforts not to assign any employees who, to its knowledge, were previously terminated for cause. Further, Contractor will notify SCDC prior to assignment of any employees whom, to its knowledge, are former or present employees of SC Department of Corrections.

d) Contractor shall provide SCDC with the following information on each nursing professional:

- Current South Carolina Nursing License
- TB Test Results
- Hepatitis B Vaccine Dates or signed refusal
- CPR Certification
- BBP (Blood Borne Pathogens)
- Drug Screen
- Copy of Social Security Card

e) Contractor will be required to provide a completed SCDC form #16-24 on each employee prior to that employee providing service under this agreement. The South Carolina Law Enforcement Division will utilize this form to complete a background investigation on each employee of the Contractor that will be providing service under this agreement. SCDC will review each of the completed forms to determine whether the employee of the Contractor passed the background investigation.

f) Contractor will be required to submit a record of Employee drug testing on each employee prior to that employee providing service under this agreement. Drug testing must be done by a Laboratory that is in compliance with the South Carolina Law Enforcement Division regulations.

g) Contractor agrees to refrain from recruiting SCDC employees.

h) Contractor will endeavor to utilize Internal/external management of inmate care so as to assist the SCDC in operating efficiently and cost effectively.

i) Contractor agrees that all Covered Services provided by or through Contractor pursuant to this Agreement, and documentation thereof, will be in compliance with applicable certification or licensure requirements.

j) Contractor shall cooperate with all necessary security arrangements whether provided by the SCDC or such other duly qualified security or law enforcement agency, to the satisfaction of the SCDC.

k) Documentation:

1. All contract nurses will be required to obtain an SCDC ID and be required to swipe in and out at the SCDC institution, providing a record of time worked.
2. Printouts of the contract nurse's scanning sorted by institution and contractor will be provided to the vendor.
3. Vendors will utilize the SCDC printout as well as scheduling information from the institution to provide a weekly invoice, reflecting a Sunday - Saturday workweek, to SCDC. Invoices should be sorted by institution.

4. Invoices will be sent to SCDC Accounts Payable, PO Box 210382, Columbia, South Carolina 29221-0382 for payment. Invoices should also be faxed or e-mailed to the SCDC designee.
5. Discrepancies between time worked and the scanning information will be reconciled by information received from the institution. Time that cannot be reconciled will not be paid.
6. Overtime and/or working without an SCDC issued ID card requires approval from the Regional Director for that institution.
7. There will be a mandatory 30-minute lunch deducted from hours worked for shifts 8 hours or longer.
8. Contractor will provide SCDC a monthly report reported by institution and position (RN, LPN) reflecting total hours and dollars utilized.

2. SCDC OBLIGATIONS

- a) SCDC shall provide Contractor with sufficient information relating to its needs so that Contractor can match skills and experiences of employees to those needs.
- b) SCDC shall have the right to interview, test, accept or reject any of Contractor's employees who will be assigned to the SCDC under this agreement.
- c) SCDC reserves the right to prohibit any former SCDC inmate's employment.
- d) It shall be the responsibility of SCDC to provide orientation materials to Contractor's employees regarding policies, regulations, and procedures. Orientation hours required for security purposes will be at the Contractor's rates (not holiday or overtime). One day of clinical orientation will be at the Contractor's expense.
- e) If requested, SCDC shall allow Contractor's employees to attend appropriate staff development programs, provided SCDC shall not be required to compensate Contractor's employees while attending such programs, with Contractor's approval if outside of regularly scheduled hours.
- f) If requested, SCDC will assist Contractor on a continuing basis, with evaluation of Contractor's employees by providing performance information.
- g) Any Contractor's employee may become the employee of SCDC with no additional fee following a thirty-day notice to the Contractor. With intent to hire with less than a thirty-day notice SCDC agrees to pay a fee of \$5000 dollars for hiring a Registered Nurse (RN); or \$3000 dollars for hiring a Licensed Practical Nurse (LPN).

3. CONFORMITY WITH RULES, REGULATIONS, LICENSING, LAWS, ETC.

- a) Contractor will recognize all applicable rules, regulations, or policies established by SCDC on whose premises Contractor's employees perform services. Contractor shall inform their employees that they are to abide by such regulations and policies. However, while providing

professional services under this agreement, neither Contractor nor Contractor's employees will represent themselves as an employee or agent of the SCDC.

b) While providing patient care at SCDC, Contractor's employees shall comply with all provisions of the licensing law under which he/she is licensed, with regulations promulgated there under, and with nursing policies adopted by SCDC to protect the health and welfare of patients. It shall be the responsibility of the SCDC to orient nurses to the SCDC and acquaint them with SCDC's nursing policies as may be necessary to perform their temporary duties. However, the SCDC shall neither have nor exercise any direct control over the Contractor or Contractor's employees in the individual practice of nursing while providing professional services under this agreement.

c) Contractor and Contractor's employees shall abide by all relevant State and Federal laws pertaining to the provision of public medical services, applicable labor, employment and ethics laws and regulations.

d) Contractor shall cooperate with all necessary security arrangements whether provided by the SCDC or such other duly qualified security or law enforcement agency, to the satisfaction of the SCDC.

4. COMPENSATION OF CONTRACTOR AND QUALITY REVIEWS

a) **Compensation for Services:** SCDC shall pay Contractor the hourly rates of pay (attachment A) upon receipt of an invoice which documents the services provided and includes the names of Contractor's employees, location of assignment and dates of services. Fees will be paid to Contractor within 30 days after SCDC receives and verifies the information from Contractor. Contractor agrees to allow SCDC access to Contractor's records to verify information regarding compensation.

* b) **QUALITY REVIEWS, PEER REVIEW:** SCDC retains the right, at any time, to conduct quality reviews of services provided through a peer review process. The Director of Clinical Services/designee will determine if services have been provided in an adequate and acceptable manner. Should it be determined that services have been unsatisfactory, SCDC will notify Contractor in writing of the unacceptable practice and provide a thirty (30) day period in which to cure the deficiency. Following the thirty day period, SCDC and the Contractor shall have the right to cancel the agreement, by SCDC immediately, or by Contractor with an additional sixty (60) days' notice, or negotiate an appropriate penalty.

5. PERSONNEL FILES

a) Contractor shall maintain personnel files that will contain the following:

- A completed application which includes skills, specialties and preferences.
- Documentation of special education and training.
- One reference that reflects satisfactory performance within the job category.
- Verification that nursing licenses have been seen and examined and checked with South Carolina State Board of Nursing.
- Dates of employment and orientation.
- Job description.
- Evidence of insurance coverage as required in 6.1 below.

- Documentation of current CPR, tuberculin skin testing and compliance with OSHA's Blood borne Pathogen Standard.

6. INSURANCE

Contractor shall provide workers compensation insurance coverage for Contractor's employees who are assigned to SCDC. Contractor shall provide general liability insurance for negligent acts by Contractor or its agents including Contractor's employees who are assigned to SCDC with a limit of not less than \$1,000,000.00 per occurrence. Contractor agrees to ensure that all Contractor's nursing employees shall maintain professional liability insurance with a limit of not less than \$1,000,000.00 per occurrence. Without limiting the obligations of Contractor under this Section, the insurance maintained or caused to be maintained pursuant to this Section will include coverage against civil actions for deprivation of rights brought under 42 U.S.C. 1983, and as that statute may be amended, modified, recodified, or succeeded in the future.

7. TERM AND TERMINATION

- a) Either party may terminate this agreement without cause upon thirty- (30) days written notice. In the event of early termination, the parties shall deal with each other in good faith during the thirty- (30) day period.
- b) Both parties may mutually agree in writing to terminate this agreement at any time.
- c) The term of this Agreement will take effect upon approval/acceptance and will continue in effect for one (1) year, subject to termination of the Agreement as provided herein, with four (4) one-year options to renew. At the conclusion of each one year term, the Agreement will automatically renew for one year unless written notice of intent not to renew is given by either party to the other in at least sixty (60) days prior to the anniversary date of this Agreement.

8. GOVERNING LAW

- a) This agreement shall be construed in accordance with the laws of the State of South Carolina.

9. CONSTRUCTION OF AGREEMENT

- a) Non-Exclusivity. This agreement is a non-exclusive arrangement.
- b) Assignment. Contractor's rights and duties under this Agreement, whether in whole or in part, may not be assigned, delegated, or transferred without the prior written consent of SCDC.
- c) Amendments. This Agreement may be amended only by written agreement between the parties. The parties acknowledge that amendments to this Agreement may be required from time to time to comply with state, federal, or local law.
- d) Section Headings. The headings of sections in this Agreement are for reference only and shall not effect the meaning of this Agreement.

e) **Entire Agreement.** This Agreement, constitutes the entire contract between the parties. No other prior or contemporaneous promise, obligation, statement or understanding between the parties, whether written or oral, shall be valid or binding.

f) **Binding Effect.** This Agreement shall be binding upon and inure to the benefit of each party hereto, and their successors and permitted assigns. No party may assign this Agreement, except as specifically provided otherwise herein.

g) **No Third Party Beneficiary Rights.** No patient, nor any other non-party shall have any third party beneficiary rights hereunder.

h) **Severability.** Should any provision (or part thereof) of this Agreement be held to be invalid and/or unenforceable, the remaining provisions shall remain in full force.

i) **Non-Discrimination.** No party hereto shall discriminate on the basis of race, color, sex, religion, national origin, ethnic group, or age.

10. GENERAL

Both parties agree to comply with the Drug-Free Workplace Act, Section 44-107-10 et. seq. of the South Carolina Code of Laws to provide a drug-free workplace.

11. Party Responsibility

Both parties agree to be responsible for the negligent acts or omissions of their respective employees, and to be responsible for any claims, losses, or damages, which may result.

IN WITNESS THEREOF, the parties have here unto executed the Agreement as of the Effective Date.

Medustrial Healthcare
Contractor

Natesha M. Rabburn / Director
Name/Title

9/15/08
Date

[Signature]
South Carolina
Department of Corrections

Jon Ozment / Director
Name/Title

9/11/08
Date

APPROVED AS TO FORM
South Carolina Department of Corrections
OFFICE OF GENERAL COUNSEL

DATE 9/16/08 [Signature]

Attachment A

**Medical Staffing Rates for
SC DEPARTMENT OF CORRECTIONS
August 12, 2008**

RN

**\$33.80 (All shifts)
\$33.00 (13 week contract)**

LPN

**\$27.80 (All shifts)
\$27.00 (13 week contract)**

Overtime will be paid/billed at 1.5 times the regular hourly rate of pay, over 40 hours in one week, if authorized by SCDC.

The following holidays are paid/billed at 1.5 times the regular hourly rate: New Year's Day, Easter, Independence Day, Thanksgiving, Christmas Eve and Christmas Day.



Referred by Chnsty Warner

724 Graham Rd Ste 115 • Columbia, SC 29210

803.454.1578 Office • 803.454.5967 Cell

803.454.1940 Fax

Employment Application

This application is for a ☐ RN. ☒ LPN. ☐ CNA. ☐ Other (please check one)

Name (as appears on your License or Certification): <u>Rachel J Turner</u>	Date: <u>2/7/13</u>
Address: <u>135 Villas crt #A</u>	S.S.#: <u>547-71-6391</u>
City, State, Zip: <u>W. Col SC 29170</u>	Date of Birth: <u>10/13/72</u> *Required for verification purposes
Phone #'s: Home () Cell <u>(803) 805-1963</u> Pager () Work ()	Are you a U.S. Citizen? ☐ Yes ☒ No In case of emergency, please notify: <u>Rachelle Richard</u> Phone <u>803 409 8482</u> Relationship: <u>Friend</u>
Nursing License or Certification Number (and State(s): <u>SC</u> <u>26707</u>	Shift Preferences: 1st ☒ You may leave blank any 2nd ☐ shifts you desire NOT to 3rd ☒ work
Expiration Date: <u>4/30/2014</u>	Geographic Preference(s): <u>SC</u> Distance willing to travel/commute: <u>50</u> MILES
Do you own a car or have reliable transportation? ☒ Yes ☐ No	

EDUCATION	NAME & LOCATION	YEARS ATTENDED	DEGREE & DATE
High School	<u>Horizon, Santa Ana, CA</u>	<u>4 yr</u>	<u>Diploma</u>
Technical School	<u>Pacific Coast, SA, CA</u>	<u>2 yr</u>	<u>LPN Diploma</u>
College			
Other			

CFR Expiration Date: <u>3-2013</u>	Date of Last Physical:
Date of Last PPD or Chest X-Ray: <u>9-14-2012 @mm</u>	Malpractice &/or Liability Insurance: Policy No.: <u>NA</u> Carrier:
ACLS (Date Issued):	Critical Care Course - Date: Where:
Have you ever had disciplinary action taken against any of your nursing licenses or certifications? ☐ Yes ☒ No If yes, explain:	Have you ever been convicted of a crime (felony)? ☒ Yes ☐ No If Yes, when & explain:
What is the minimum hourly wage you will accept for Hospital <u>5</u> /hr Nursing Home <u>5</u> /hr Private Duty <u>5</u> /hr <u>> 20.00</u>	Were you referred? If so, please indicate who referred you _____ or did you see ☐ Ad, ☐ Yellow Pages, ☒ Internet, ☐ Radio, ☐ Other

I certify that the information contained on this and all pages included in this application are true to the best of my knowledge. I authorize Medus's staff to verify my, and all statements contained herein and as indicated, contact previous employers concerning my previous work history.

2/7/13
Date

[Signature]
Signature (or type full name)

Condustral 00234

PRIOR WORK HISTORY

Company Name Intermedical		Phone (include area code) 803-296-3701	
Street Address Taylor at Market		City, State, Zip Col SC 29220	
Job Title / Duties LPN / MEDICAL STAFF	Salary 18.45	Dates Worked From 6-2008 To 12-2012	Supervisor's Name EDNA QUICK
Reason for Leaving forced to Resign (THIS IS IN UNDER INVESTIGATION with several Dep of Labor Board)			

Company Name NETWORK MEDICAL STAFF		Phone (include area code) (803) 865.6513	
Street Address LONG BEACH CA 90801		City, State, Zip SC	
Job Title / Duties MS / NURSING POST PART OF CORRECTIONS	Salary 24 / hr	Dates Worked From CHADUSE To HOUSTON PROFILE	Supervisor's Name ?
Reason for Leaving TOOK TRAVEL ASSIGNMENTS			

Company Name MEDICAL EXPRESS		Phone (include area code) 800 - 544-7255	
Street Address ?		City, State, Zip ?	
Job Title / Duties ?	Salary 30 / hr	Dates Worked From 1-2008 To 6-2008	Supervisor's Name ?
Reason for Leaving Completed contract (AND STILL WORK WITH THEM NOT READY TO TRAVEL)			

Please list 2 professional references

NAME	FACILITY & TITLE	PHONE
Rachelle Richard	Intermedical / LPN	803-409-8482
Sharon Pickney	Intermedical / CNP	803-237 5675

I certify that the information contained on this and all pages included in this application are true to the best of my knowledge. I authorize Medustrial's staff to investigate any and all statements contained herein and as indicated, contact previous employers concerning my previous work history.

2/7/13
Date


Signature (or type full name)

Department of Homeland Security
U.S. Citizenship and Immigration Services

OMB No. 1615-0047; Expires 08/31/12
**Form I-9, Employment
Eligibility Verification**

Read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification (To be completed and signed by employee at the time employment begins.)

Print Name: Last Turner	First Rachel	Middle Initial J	Maiden Name
Address (Street Name and Number) 135 Villae crt #A		Apt. #	Date of Birth (month/day/year) 10/13/72
City W. Col	State SC	Zip Code 29170	Social Security # 547-71-6391

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- ☐ A citizen of the United States
☐ A naturalized national of the United States (see instructions)
☒ A lawful permanent resident (Alien # **A036888080**)
☐ An alien authorized to work (Alien # or Admission # _____)
until (expiration date, if applicable - month/day/year)

Employee's Signature _____ Date (month/day/year) **2/7/13**

Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature _____

Print Name _____

Address (Street Name and Number, City, State, Zip Code) _____

Date (month/day/year) _____

Section 2. Employer Review and Verification (To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____

CERTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) _____ and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative _____

Print Name _____

Title _____

Business or Organization Name and Address (Street Name and Number, City, State, Zip Code)

AMS Staff Leasing 14160 Dallas Pkwy Ste 500, Dallas, TX 75250

Date (month/day/year) _____

Section 3. Updating and Reverification (To be completed and signed by employer.)

A. New Hire (if applicable)

B. Date of Rehire (month/day/year) (if applicable)

C. If employer's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.

Document Title: _____

Document #: _____

Expiration Date (if any): _____

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and document(s) the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative _____

Date (month/day/year) _____

Condustrial 00156

THE JOURNAL OF THE

ROYAL SOCIETY OF MEDICINE

CONDUSTRIAL
FAIR CREDIT REPORTING ACT DISCLOSURE & AUTHORIZATION

The purpose of this document is to inform you that Condustrial may choose to obtain and use information about you contained in either a "consumer report" or an "investigative consumer report" from a "consumer reporting agency" when: 1) considering your application for employment, 2) making a decision whether to offer you employment, 3) deciding whether to continue your employment (if you are hired), or 4) making other employment-related decisions directly affecting you.

For explanation purposes, a "consumer reporting agency" is a person or business which, for monetary fees, dues, or on a cooperative non-profit basis, regularly assembles or evaluates consumer credit information or other information on consumers for the purpose of furnishing consumer reports to others, such as Condustrial.

A "consumer report" means any written, oral, or other communication of any information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in establishing your eligibility for employment purposes.

An "investigative consumer report" means a consumer report or portion thereof in which information on your character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with your neighbors, friends, or associates reported on or with others with whom you are acquainted or who may have knowledge concerning any such items of information.

In the event an investigative consumer report is prepared, you may request additional disclosures regarding the nature and scope of the investigation requested, as well as a written summary of your rights under the Fair Credit Reporting Act.

AUTHORIZATION

BY SIGNING BELOW, I AUTHORIZE CONDUSTRIAL TO OBTAIN "CONSUMER REPORTS" OR "INVESTIGATIVE CONSUMER REPORTS" ABOUT ME FROM A CONSUMER REPORTING AGENCY AND TO CONSIDER THIS INFORMATION WHEN MAKING DECISIONS REGARDING MY EMPLOYMENT WITH THE COMPANY. IF HIRED, I UNDERSTAND THIS AUTHORIZATION SHALL REMAIN ON FILE AND SHALL SERVE AS AN ONGOING AUTHORIZATION FOR THE COMPANY TO PROCURE CONSUMER REPORTS OR INVESTIGATIVE CONSUMER REPORTS AT ANY TIME DURING MY EMPLOYMENT.

Signature: _____

Date: 2/7/13

Print Name: Reck Turner

Condustrial 00153

**AMS BUSINESS SOLUTIONS
AMS STAFF LEASING
SUBSTANCE ABUSE POLICY**

**EMPLOYEE IS TO
KEEP THIS PAGE**

The welfare and success of AMS, the "Company", depends on the physical and psychological health of all its employees. While the Company is committed to maintaining a safe and productive workplace, it is the responsibility of both the Company and the employees to ensure and maintain a safe, healthy and efficient working environment. Therefore, for the protection of its clients, employees, property, and the general public, the Company has adopted this Substance Abuse Policy.

1. PURPOSE AND SCOPE

1.01 PURPOSE: The purpose of this Policy is to maintain a safe, healthy and efficient working environment by eliminating any abuse of legal and illegal drugs, alcohol and substances on the Company premises or at any time while on Company business, including any off-duty employees of the Company to be free from the effects of legal and illegal drugs, alcohol and substances while on the Company premises or at any time while on Company business.

1.02 SCOPE: This Policy applies to all employees of the Company, (a) at all times while on the Company premises, (b) during the course and scope of their employment, regardless of location and (c) during any Company-sponsored activities.

2. DISCIPLINARY ACTION AND PROHIBITED CONDUCT

2.01 IMMEDIATE ACTION: An employee's failure to comply with any part of this policy will result in disciplinary action up to and including termination of employment.

2.02 PROHIBITED CONDUCT: Any employee will be subject to the above measures of Paragraph 2.01 for any of the following:

- a. The manufacture, distribution, possession, use or sale of illegal, controlled or illegal drugs or the sale of any legal or prescription drugs on Company premises, while on Company business, or during any Company-sponsored activities.
- b. Being under the influence of any substance described (a) above which impairs judgment, performance or behavior while on Company premises, while on Company business, or during Company-sponsored activities.
- c. Consuming under any contract provision for the possession or sale of drugs or alcohol or any related activity.
- d. Falsely to submit to a medical evaluation, including drug or alcohol testing as provided for in Section 3 of this policy.
- e. Consuming test results which indicate any drug, alcohol or other substance abuse.

3. TESTING

3.01 DEFINITION: For the purpose of this Policy, "drug" is defined as any alcoholic beverage, illegal substance, illegal drug or other substance, the use, possession, manufacture, distribution or disposition of which is prohibited by any state or federal law or regulation and any drug substance obtained by prescription, over-the-counter or otherwise.

3.02 APPLICATION OF DRUG TESTING:

- a. All persons applying for a position with the Company may be required to submit to a drug test as a condition of employment.
- b. All Current and former employees must submit to a drug test upon the request of the Company under the following:

- 1) When required policy consideration attendant to obtain jobs indicated that such testing presents a reasonable means to ensure a safe working environment.
- 2) When the employee either provides an injury in the course and scope of employment or contributes to or causes another employee to sustain an injury in the course and scope of employment.
- 3) When the employee causes, directly or indirectly, damage to the Company's property or to the property of another.
- 4) When the employee contributes to or causes injury to any third party while the employee is in the course and scope of employment.
- 5) When the employee is involved under any related drug claim for a violation occurring during the course and scope of employment. If such a violation occurs, it is the employer's responsibility to notify the Company within the 30 days of the violation. This requirement includes any finding of guilt, guilty plea or no contest or disposition of charges in any other pending case or by any court of competent jurisdiction or otherwise in any state or federal criminal or civil proceeding involving the manufacture, distribution, disposition, use or possession of any controlled substance or drug, including alcohol.
- 6) When the Company, in its sole discretion, determines that it is in the Company's best interest to conduct such a drug test.

4. MISCELLANEOUS PROVISIONS

4.01 CONVICTION WITH LAW ENFORCEMENT: In addition, any illegal drug or other substance obtained by the Company from any employee may be turned over to a law enforcement agency and may result in criminal prosecution.

4.02 RESPONSIBILITY: Each employee is responsible for promptly reporting to the appropriate Company officials any use of prescribed medications which may affect the employee's judgment, performance or behavior.

4.03 OTHER PROCEDURES: The Company will establish such other procedures as it deems necessary to effectively enforce this Policy. This may include a requirement that employees complete in-personal or facility surveys when there is reason to believe drugs or alcohol are present, when their performance is impaired or when their behavior is erratic. Refusing to cooperate with these procedures may be cause for disciplinary action as provided in Section 2.

4.04 MEDICAL FACILITY: The Company shall not be responsible for, and makes no representations or warranties on behalf of the laboratory or medical facility conducting the drug test.

Conductual 00163

AMS BUSINESS SOLUTIONS
AMS STAFF LEASING
ACCIDENTS / INJURIES PROCEDURES
Condustral Inc.

The following procedures must be followed for all work related injuries

1. **ALL ACCIDENTS/INJURIES** must be reported to your foreman or supervisor, even if no medical attention is required. The injured employee must complete a Report of Employee Injury/Accident whether or not medical attention is required. It will be placed in their medical file for future reference in case of problems.
2. The supervisor must complete a Supervisor's Report of Accident, i.e. the person your report to, on your assignment, at the same time the employee accident report is being filled out, regardless of whether medical attention is required. Both reports need to be filed to Condustral Inc. corporate office at (864) 235-4042.
3. If the injury requires medical attention and is not an emergency situation, have your supervisor call (888) 794-7798 prior to going to a medical facility. In case of an emergency, have your supervisor call and report which medical facility you are being transported to. We need to authorize treatment, arrange for proper billing, and determine that the facility follows proper procedures.
4. If an employee must be off on disability, he/she must notify their Condustral Inc. Supervisor. If off for an extended period of time, the employee must go by their office or call at least once a week to advise Condustral Inc. of their status. Upon receiving a release to return to work, you must call the office to report your availability.
5. Anytime an employee is on light duty the doctor's restrictions must be followed. The employee may return to his regular duties only when release in writing by the doctor. It is your responsibility to tell the doctor that Condustral Inc. has all types of light duty work.
6. A drug screen is required for all injuries. A drug test is required to be taken within 24 hours after an injury is reported. Refusal to submit to a drug test will result in the same consequences as a positive drug or alcohol test.
7. I understand and agree to abide by the above accident procedures. I understand that any payments to me or anyone else for expenses in connection with my accident and resulting injury is not an admission of liability on the part of Condustral Inc. In the event of an injury, I authorize full access to copies of medical records, radiology reports, drug/alcohol screenings and documents of any kind relating to my past or present injury/illness to Condustral Inc. I hereby agree to release this information and allow all such medical providers harmless from the release of this information as set forth in this authorization.

Condustral Inc. Branch Offices

Baltimore 410-369-0022
Charleston 843-266-1895
Columbia 803-454-0340

Greenville 864-235-3619
Memphis 901-507-6680
Travelers Division 864-235-3619

Condustral 00164

Client Company: _____
City, State: _____

Pay Range: _____
W/C Code: _____

AMS Staff Leasing
(Herein after referred to as "AMS")
APPLICATION FOR EMPLOYMENT
Equal Opportunity Employer

Si usted no sabe leer en ingles, solicite una aplicacion en espanol.

The information contained in the Employment Application is vital to your employment with AMS. All documents must be filled out completely and signed by you BEFORE employment can be considered.
You will be considered for employment without regard to race, color, religion, sex, national origin or age. The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age but less than 65 years of age.

ONE OF MORE OF THE FOLLOWING CONDITIONS MET BY AN EMPLOYEE CONSTITUTES A VOLUNTARY QUIT CONNECTED WITH THE WORK AND YOUR UNEMPLOYMENT BENEFITS MAY BE DENIED:

- 1.) Failure to call AMS at each assignment end, regardless of the reason of separation with intent, with notification of your availability.
- 2.) Failure to call three (3) times weekly when not on an assignment. Phone numbers to call for this requirement are: (800) 728-6623 or (772) 404-1415.
- 3.) Failure to notify AMS with your change of address or phone number.
- 4.) Refusal or failure to accept a suitable work assignment based upon pay, qualifications or location.
- 5.) The company's receipt of an unemployment claim from you, without notification of your availability in also notice of a voluntary quit.

AMS Availability Policy

Initialing of the following area verifies that the below named individual has received a copy of AMS's policies, has read, fully understood, and agrees to adhere to these policies incorporated herein and made a part of the employment application process.

Initial:

[Signature] I understand this is not for payroll purposes only

[Signature] I understand I will be an employee of AMS working for one of its clients

[Signature] I have received the AMS Employee: Accident/Injury/FERRE/Retirement Abuse Policy

Medical Authorization

By signing below I authorize full access to copies of medical records, radiology reports, drug/alcohol screenings, and documents of any kind relating to my past or present employment with AMS. I hereby agree to release this information and hold all such medical providers harmless from the release of this information, as set forth in this authorization.

Payroll Deduction Authorization

By signing below I authorize deductions when applicable to be taken out of my paycheck for tools, uniforms, health insurance, union dues, payroll, overpayments and any other work related deductions.

In signing below I acknowledge the above listed policies and conditions of employment with AMS STAFF LEASING

[Signature] 2/7/13 707,803,1963
Applicant Signature Date of Application Employee's Phone Number

1 Your first name and middle initial Rachel J		2 Last name Turner		3 Your social security number 547-71-6391	
4 Home address (number and street or rural route) 135 Villas Ct #A				5 ☐ Single ☐ Married ☐ Married, but withheld at higher Single rate. Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.	
6 City or town, state, and ZIP code Wied SC 29170				7 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1212 for a replacement card. ☐	
8 Total number of allowances you are claiming from line H above or from the applicable worksheet on page 2 8				9 Additional amount, if any, you want withheld from each paycheck \$	
10 I claim exemption from withholding for 2012, and I certify that I meet both of the following conditions for exemption: • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here. 7					
Under penalty of perjury, I declare that I have given true and correct answers, to the best of my knowledge and belief, to the above questions, and that the information is true, correct, and complete.					
Employee's signature (This form is not valid unless you sign it.) <u>[Signature]</u>				Date 2/7/13	
11 Employer's name and address (Employer: Complete lines 9 and 10 only according to the FICA)		12 Other state payroll		13 Employer identification number (EIN)	

Conductrial 00165



Post-Off-Of-Employment Medical Injury

Completion of this report is requested to assist your employer in meeting the knowledge requirement of the Insurance Industry's Second Injury Funds.

Name Rachel Turner Department _____ Position LPN

SSN 547-71-6391

A. To the best of your knowledge do you have or have had any of the following medical problems?

Answer YES or NO

<u>NO</u> 1. Epilepsy	<u>NO</u> 19. Hyperinsulinism - Excessive insulin in the blood with low blood sugar and periods of weakness or fainting due to low blood sugar.
<u>NO</u> 2. Diabetes	<u>NO</u> 20. Muscular dystrophy
<u>NO</u> 3. Cardiac Disease	<u>NO</u> 21. Arteriosclerosis - Foot circulation, cold extremities, pain in legs while walking
<u>NO</u> 4. Arthritis	<u>NO</u> 22. Thrombophlebitis - Infection or inflammation of veins in legs - swelling or tenderness in calves of legs
<u>NO</u> 5. Amputated foot, leg, hand or arm	<u>NO</u> 23. Varicose veins
<u>NO</u> 6. Loss of sight in one or both eyes or partial loss of uncorrected vision of one or more than 75% bilaterally	<u>NO</u> 24. Heavy metal poisoning
<u>NO</u> 7. Residual disability from Polio	<u>NO</u> 25. Ionizing radiation injury - Have you been exposed to radiation and have developed sores that did not heal, vomited or blood freely.
<u>NO</u> 8. Cerebral palsy - Do you have a weakness or stiffness of arms, legs or other body parts that resulted from birth, injury or diseases? Any spasticity?	<u>NO</u> 26. Compressed air sequelae - Have you ever had the bends? Problems produced by flying at high altitude or problems resulting from exposure to high atmospheric pressure as in scuba diving?
<u>NO</u> 9. Multiple sclerosis	<u>NO</u> 27. Ruptured disc
<u>NO</u> 10. Parkinson's disease	<u>NO</u> 28. Hodgkin's disease
<u>NO</u> 11. Cerebral vascular accident - Stroke or ruptured blood vessel in the head	<u>NO</u> 29. Brain damage
<u>NO</u> 12. Tuberculosis	<u>NO</u> 30. Deafness
<u>NO</u> 13. Silicosis - Chronic cough emphysema or other lung problems due to inhalation of dust	<u>NO</u> 31. Sickle-cell anemia
<u>NO</u> 14. Mental retardation	<u>NO</u> 32. Cancer
<u>NO</u> 15. Psychoneurotic disability which involved treatment in a recognized medical or mental institution	<u>NO</u> 33. Pulmonary disease
<u>NO</u> 16. Hemophilia - Do you bleed easily and have a hard time stopping the bleeding?	<u>NO</u> 34. Degenerative disc disease
<u>NO</u> 17. Chronic osteomyelitis - Long term-infection of bones or sores of the skin	<u>NO</u> 35. Spondylitis
<u>NO</u> 18. Ankylosis of joints - Joints that are stiff and will not fully move. Frozen joints.	<u>NO</u> 36. Spondylolisthesis
	<u>NO</u> 37. Chondromalacia

If you listed ARTHRITIS, please identify the parts of the body affected: _____

For "yes" responses above, indicate the nature of injury or illness and name of physician in Remarks.

Remarks: _____

Conductrial 00151

B. Has any doctor ever restricted your activity? ☐ YES ☒ NO
If so, please list the medical condition, what type of restrictions place, whether these restrictions were temporary or permanent, and whether you are presently under these restrictions.

C. Have you ever been assessed any percentage of permanent disability to any part of your body for any reason whatsoever?
☐ YES ☒ NO
If so, please explain:

D. Are you presently under any medical treatment by a doctor, chiropractor, psychiatrist, psychologist or other health care provider? ☐ YES ☒ NO
If so, please list the medical condition(s) being treated, the name of the doctor(s), field of specialty, and address and telephone number.

E. Are you presently taking any medication? ☐ YES ☒ NO
If yes, please list the name of the medication, the medical condition being treated, and the name, address and telephone number of the doctor who prescribed the medication.

F. Have you ever had surgery to any part of your body? ☐ YES ☒ NO
If yes, please list the part(s) or the body operated on, the type of operation performed, the date of the operation, the name of the hospital, if any, where the operation was performed, and the name, address and phone number of the doctor performing the surgery.

G. Have you ever received treatment for you back, neck, knees, or lower extremities from a doctor, chiropractor, therapist or other health care provider? ☐ YES ☒ NO
If yes, please list the names, address and phone numbers of all doctors, chiropractors, therapist or other health care provider who provided such treatment, the dates of the treatment and the diagnosis provided by the doctor, chiropractor, therapist or other health care provider.

H. Have you ever had an injury that required you to miss time from work? ☐ YES ☒ NO
If yes, please list the type of injury, the amount of time missed from work, whether the condition was fully resolved or if it left you with any impairment, and whether you returned to work.

I. Are you aware of any condition or injury that might impair or limit your ability to work for this company?
☐ YES ☒ NO
If yes, please describe the condition or injury.

I HAVE READ AND FULLY UNDERSTAND THE ABOVE.

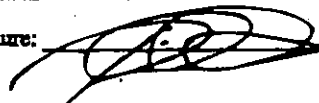
Employee Applicant:

Rachel Turner

Date:

2/7/13

Employee Signature:



Date:

2/7/13

Condustrual 00152



ACKNOWLEDGEMENT AND RECORDS RELEASE

I understand this questionnaire is for the purposes of enabling my employer to fully understand or be informed of any conditions which may affect my work environment, and for purposes of enabling my employer to fulfill the requirements of the Insurance Industry's Second Injury Funds, and it is in no way connected to the Company's decision to hire me. The information provided is not to be used by the Company as a basis of denying me placement within the Company or promotion, or to discriminate against me in any way. The information provided is true to the best of my information and belief. In the event of a future work related accident, my employer is authorized to request and review medical records pertaining to any of the conditions described herein as well as any records maintained by any government agency, past employer, or treatment facility with respect to any personal injuries I have received.

Employee: Rachel Turner (Printed Name) [Signature] (Signature) Date: 2/7/13

Witness: Debra M. Ricketts (Printed Name) [Signature] (Signature) Date: 2/8/13

Condustral 00158

FACILITY AND CLIENT REQUIREMENTS

APPEARANCE

Our Clients expect all Nursing Personnel to look neat and professional at all times. The utmost in cleanliness and personal hygiene is always expected. Clean uniforms and polished, clipped toe shoes are required by all clients and facilities unless otherwise indicated.

ATTITUDE

When going out on assignments, remember, you are a professional who has worked hard to obtain your License or Certification. Not only do you represent Medustrial and the Facility, you are also representing yourself. You are often the first impression that a family has, therefore your attitude should be positive, upbeat, and comforting. You should be positive and not be resentful that you are "at work". Remember, most of the people you will be caring for are in far worse shape than you. Sometimes a simple smile goes along way to making a tick one's day.

ASSIGNMENT

Our Clients expect you to report BEFORE the shift begins. As with any employer, you need to arrive in time to receive your assignment. If you see that you are running late, you are to notify MEDUSTRIAL NOT the facility. We will contact the facility for you.

If you should find it necessary to cancel your shift before the start of the shift, you are required to notify MEDUSTRIAL's Staffing Advisor FOUR (4) hours before the start of the shift. Failure to do so in a timely manner could result in penalties as described above in Section 4 on Page 5.

SALARIES or INCOME, OVERTIME, HOLIDAY PAY and PAYROLL

Our Clients require that you NEVER discuss your rate of pay with their employees. Your pay should be kept confidential. Failure to do so could result in immediate termination. Remember, different facilities and different assignments pay different wages.

Each Client has a negotiated contract tailored to their demands and requirements. Inasmuch, part of the contractual agreement with the facility dictates which Holidays will be honored by the facility. If you're in doubt as to which Holiday is paid, ask your Staffing Advisor.

You should never accept assignments that require you to work over forty (40) hours with our prior approval of MEDUSTRIAL. Any work over forty (40) hours requires payment of overtime wages (typically one and one half your base rate) and has to be approved by MEDUSTRIAL Management.

YEARLY REQUIREMENTS

You are responsible for maintaining and paying for your License or Certification. You are responsible for supplying MEDUSTRIAL with a copy of your current License or Certification; health statement; negative PPD or a negative chest x-ray; current CPR; and current malpractice proof of insurance. You may also be required to provide a criminal background check; drug screen; and mumps, measles, Hepatitis and/or vaccines as required by Law or by Facility.

PENALTIES

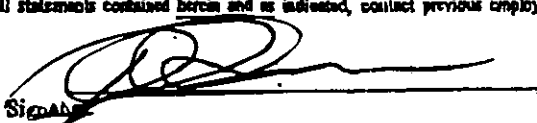
Failure to comply with any of the above will prevent you from working as an employee of MEDUSTRIAL until such time as the non-compliant issue has been resolved.

I certify that the information contained on this and all pages included in this application are true to the best of my knowledge. I authorize Medustrial's staff to investigate any and all statements contained herein and as indicated, contact previous employers concerning my previous work history.

Date

2/7/13

Signature



Condustrual 00148



Terms of Employment

Welcome to the Conductrial, Inc. skilled labor team. The following is a list of company rules, regulations and guidelines that we require that you comply with throughout your career at Conductrial. Please read carefully and initial where indicated to show that you understand what is expected of you. If you do not understand please do not hesitate to ask your Project Coordinator or someone from the HR staff.

☒ Time cards are to be turned in to the office by 12:00pm on Mondays. It is YOUR responsibility, not the clients, to ensure that your time (hours worked) is correct and has been received in a timely manner. Failure to turn in time cards in a timely manner may delay your pay.

☒ Your hourly pay is confidential and should NEVER be discussed with another employee or contractor. Discussing pay will result in disciplinary action up to and including termination. Your hourly pay may change based on duties performed and / or assignments. The decision to accept that pay and assignment will be yours.

☒ Payroll is completed weekly. You will be issued a Global Cash Debit/ATM Card. Your pay will be deposited on that card no later than Friday afternoon.

☒ If you walk off a job before completing your shift, you will only be paid the minimum wage rate for that day and will NOT be eligible for rehire.

☒ If we send you to a job and you do not report as instructed to the job site without notification (No Call No Show), you will be immediately terminated and will NOT be eligible for rehire.

☒ The first six (6) months of employment is considered an evaluation period. During this time a manager will evaluate your performance, attendance, attitude, and conduct to determine compatibility with the requirements of the position.

☒ You are eligible for one week (40 hours) paid vacation for every 2000 hours worked. These hours must be without more than a 30 day consecutive absence from employment at any time during the 2000 hours. A 30 day notice must be given to a Conductrial representative prior to taking any vacation time.

☒ You are eligible to enroll in the Conductrial Inc Limited Medical Benefit Program and Dental Plan within the first 90 days of employment. The applications must be completed within 60-90 days from the first date of employment at Conductrial. The Medical and Dental benefits will become active the first day of the month following 400 hours of work prior to the 15th of the preceding month. The enrollment in this period of time is your responsibility. You will NOT be penalized.

☒ You are required to immediately report an accident or job related injury by notifying your foreman and calling our office at (864) 215-3619. Failure to report an injury / accident within 8 hrs of the incident will result in your claim being denied. If medical treatment is necessary, you should go to the nearest Doctor's Care facility. If you are not involved in an accident or job related injury you will be required to take a post accident drug and alcohol test. If test results are positive, we will contest your claim and you may be solely responsible for all damages. All Conductrial employees are subject to random on-site drug testing.

☒ You are required to call us and inform us of your availability IMMEDIATELY if there is a reduction of force on your present assignment and on a occasional weekly basis if you are unemployed or if you become available for work. It is your responsibility to make sure we can contact you for work. FAILURE TO NOTIFY THE OFFICE OF YOUR AVAILABILITY OR CONTACT INFORMATION WILL RESULT IN YOUR UNEMPLOYMENT BEING CONTESTED BY CONDUCTRIAL, INC AND POSSIBLY DENIED.

☒ You are required to call our office and the job Foreman if you will be absent or late to work. Every attempt should be made to report to work regardless of weather conditions unless notified otherwise.

☒ You are expected to dress appropriately for your position and work environment. (i.e. boots, safety equipment, practice effective personal hygiene, etc). Please refrain from wearing clothing with offensive remarks or pictures to work. No shorts, flip flops, cut-off shirts or pants or ripped clothing are allowed on job sites for safety reasons.

☒ Profanity in any form will NOT be tolerated and is grounds for termination. Represent yourself and Conductrial in a professional manner.

☒ Employment outside of the Company (Outside Employment) or Dual Employment is strictly prohibited. Failure to withhold the information about outside employment or Dual Employment at the time of hire, or at any subsequent time other employment is obtained, shall be reason for termination. An employee should notify their immediate supervisor if any outside employment is obtained.

☒ All company tools, equipment, and / or vehicles must be returned in the same manner received. Failure to return any equipment will be subject to being deducted from your pay and / or reported to the sheriff's office for prosecution. Any portion paid in advance shall also be returned to the office if not used, if not returned by the next pay period the amount will be deducted from your pay or reported to the sheriff's office if you never worked. You will be charged \$15.00 for hardware not returned.

☒ Falsifying timecards is FRAUD and is grounds for termination. Engaging in this behavior will be reported to the sheriff's office and Conductrial, Inc. will prosecute to the full extent of the law.

☒ Possession or use of any and all weapons, including but not limited to, knives, handguns and martial arts weapons, regardless of license or concealment, is not permitted on job sites or Conductrial offices.

Employee [Signature] Date 2/7/13 Witness [Signature] Date 2/8/13

Conductrial 00157

Form W-4 (2012)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2012 expires February 15, 2013. See Pub. 305, Tax Withholding and Estimated Tax.

Note. If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$300 and includes more than \$200 of unearned income (for example, interest and dividends).

Read instructions. If you are not exempt, complete the Personal Allowances Worksheet below. The worksheet on page 2 helps adjust your withholding allowances based on limited deductions, certain credits, adjustments to income, or tax-exempt interest.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Specially, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself, and your dependent or other qualifying individual (other than a son, daughter, grandchild, grandnephew, and grandniece) lives with you.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the Personal Allowances Worksheet below. See Pub. 505 for information on converting your other credits into withholding allowances.

Marriage income. If you have a large amount of savings income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax if you have pension or annuity

income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a second spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using Worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1382, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2012. See Pub. 505, especially if your earnings exceed \$100,000 (single) or \$150,000 (married).

Future developments. The IRS has created a page on www.irs.gov/w4 for information about Form W-4, at www.irs.gov/w4. Information about any future developments affecting Form W-4 (such as legislative enacted after its release) will be posted on that page.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent.	A	<u>1</u>
B	Enter "1" if: - You are single and have only one job; or - You are married, have only one job, and your spouse does not work; or - Your wages from a second job or your spouse's wages (for the total of both) are \$1,500 or less.	B	<u>1</u>
C	Enter "1" for your spouse. But, you may choose to enter "0" if you are married and have either a working spouse or more than one job. (Entering "0" may help you avoid having too little tax withheld.)	C	<u>0</u>
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return.	D	<u>3</u>
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above).	E	<u>1</u>
F	Enter "1" if you have at least \$1,500 of child or dependent care expenses for which you plan to claim a credit (Note: Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	F	<u>2</u>
G	Child Tax Credit (including additional child tax credit). See Pub. 572, Child Tax Credit, for more information. - If your total income will be less than \$81,000 (\$90,000 if married), enter "2" for each eligible child; then less "1" if you have three to seven eligible children or less "2" if you have eight or more eligible children. - If your total income will be between \$81,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child.	G	<u>8</u>
H	Add lines A through G and enter total here. (Note: This may be different from the number of exemptions you claim on your tax return.)	H	<u>8</u>

For accuracy, complete all worksheets that apply.

- If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.
- If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$10,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld.
- If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.

Separate here and give Form W-4 to your employer. Keep the top part for your records.

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.		OMB No. 1545-0074 2012
1 Your first name and middle initial <u>Rachel J</u>		Last name <u>Turner</u>		2 Your social security number <u>547-71-6391</u>
Home address (number and street or rural route) <u>135 Village crt #A</u> City or town, state, and ZIP code <u>W. Col SC 29170</u>		3 ☒ Single ☐ Married ☐ Married, but withheld at higher single rate. Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.		
4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ☐				
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		<u>8</u>		
6 Additional amount, if any, you want withheld from each paycheck		<u>\$</u>		
7 I claim exemption from withholding for 2012, and I certify that I meet both of the following conditions for exemption. - Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and - This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here. <u>Exempt</u>				
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.				
Employee's signature (This form is not valid unless you sign it.) <u>Rachel J Turner</u>		Date <u>2/7/13</u>		
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)		10 Employer identification number (EIN)



Healthcare Staffing Service
a division of Condustral Inc.

I am orienting at DMH through Medustrial Healthcare. I am an employee of condustral, Inc. I will work my first forty hours through Medustrial and if I want more hours it is my responsibility to notify my employer. I will also notify my employer of the agency I will do over the forty hours with before doing so. If I am to cancel one of the shifts through Medustrial I am to work one more shift through them before I work through another agency. I also understand that if the Department of Mental Health wants to hire me I have to give a 90 day notice to Condustral in writing and work up until I am on SCDMH staff. The Department of Mental Health also has to submit 30 day notice in writing that they want to hire you.

Rachel Turner

(print name)

(signature)

2/14/13

(date)

Condustral Authorized Employee/ Title

Condustral 00018

Phone: 803.454.0340 • Fax: 803.454.1040 • Toll Free: 888.794.7798 • Cell: 803.309.5087
720 Gracern Road - Suite 115 • Columbia, SC 29210
Email: info@2274industrial.com

ATTENDANCE POLICY

Effective Date: March 12, 2013

Purpose: To set guidelines regarding No Call/ No Show, Tardiness and Absences for all employees of Medustrial Healthcare.

Scheduled Workday – Any time that an employee is scheduled to work, including voluntary and mandated overtime.

No Call, No Show:

Policy: Employee not reporting to work and not calling to report the absence is a No Call/No Show and is a serious matter. The first instance of a No Call/No Show will result in a final written warning. The second separate offense may result in termination of employment with no additional disciplinary steps.

Any No Call/No Show are considered job abandonment.

- o Management may consider extenuating circumstances when determining discipline for a No Call/No Show (for instance, if the employee is in a serious accident and is hospitalized) and the right to exercise discretion in such cases.

Tardiness:

Employees are required to report to work, in uniform, and to be prepared for duty at the beginning of their work shift. If employee is going to be more than 5 minutes late for a shift, employee must contact a Medustrial Healthcare Staffing advisor and the Medustrial Healthcare Staffing advisor will contact the facility for the employee. If employee tardiness becomes a routine occurrence for Medustrial Healthcare Staffing or the Facility the employee will be asked to come into the office for further disciplinary actions.

Absence:

Employees are required to call in 4 hours before the scheduled shift; no text message will be accepted for cancellation of your shift. Employees **MUST** speak to a Medustrial Healthcare Staffing advisor. If an employee leaves a text message it will be considered a No Call/No Show, and the No Call/No Show policy will be enforced this could / may result in further disciplinary actions up to termination of employment. Text messages are not monitored between the hours of 5:30pm to 8:30am.

If an employee continues to have issues with any of the above items we at Medustrial Healthcare Staffing will not be able to continue to provide shifts to that employee. Your professionalism reflects the work you receive.

Employee Signature

Holly Sully

Director of Operations / Project Coordinator Signature

Date

10/9/14

10/9/14

Date

Condustral 00085

FACILITY AND CLIENT REQUIREMENTS

APPEARANCE

Our Clients expect all Nursing Personnel to dress and act professionally at all times. The utmost in cleanliness and personal hygiene is always expected. Clean uniforms and polished, closed toe shoes are required by all clients and facilities unless otherwise indicated.

ATTITUDE

When going out on assignments, remember, you are a professional who has worked hard to obtain your License or Certification. Not only do you represent Medustrial and the Facility, you are also representing yourself. You are often the first impression that a family has, therefore your attitude should be positive, upbeat, and comforting. You should be positive and not be resentful that you are "at work". Remember, most of the people you will be caring for are in far worse shape than you. Sometimes a simple smile goes along way to making a sick one's day.

ASSIGNMENT

Our Clients expect you to report **BEFORE** the shift begins. As with any employer, you need to arrive in time to receive your assignment. If you see that you are running late, you are to notify **MEDUSTRIAL NOT** the facility. We will contact the facility for you.

If you should find it necessary to cancel your shift before the start of the shift, you are required to notify MEDUSTRIAL's Staffing Advisor FOUR (4) hours before the start of the shift. Failure to do so in a timely manner could result in penalties as described about in Section 4 on Page 5.

SALARIES or INCOME, OVERTIME, HOLIDAY PAY and PAYROLL

Our Clients require that you **NEVER** discuss your rate of pay with *their* employees. Your pay should be kept confidential. Failure to do so could result in immediate termination. Remember, different facilities and different assignments pay different wages.

Each Client has a negotiated contract tailored to their demands and requirements. Inasmuch, part of the contractual agreement with the facility dictates which Holidays will be honored by the facility. If you're in doubt as to which Holiday is paid, ask your Staffing Advisor.

You should never accept assignments that require you to work over forty (40) hours with our prior approval of MEDUSTRIAL. Any work over forty (40) hours requires payment of overtime wages (typically one and one half your base rate) and has to be approved by MEDUSTRIAL Management.

YEARLY REQUIREMENTS

You are responsible for maintaining and paying for your License or Certification. You are responsible for supplying MEDUSTRIAL with a copy of your current License or Certification; health statement; negative PPD or a negative chest x-ray; current CPR; and current malpractice proof of insurance. You may also be required to provide a criminal background check; drug screen; and mumps, measles, Hepatitis and/or vaccines as required by Law or by Facility.

PENALTIES

Failure to comply with any of the above will prevent you from working as an employee of MEDUSTRIAL until such time as the non-compliant issue has been resolved.

I certify that the information contained on this and all pages included in this application are true to the best of my knowledge. I authorize Medustrial's staff to investigate any and all statements contained herein and as indicated, contact previous employers concerning my previous work history.

Date: 10/9/14

Signature: 

Condustrial 00088



INITIAL ALL

New Hire Checklist / Terms of Employment

Welcome to the Condustral Inc. skilled labor team. The following is a list of company rules, regulations and guidelines that we require that you comply with throughout your career at Condustral. Please read carefully and initial where indicated to show that you understand what is expected of you. If you do not understand, please do not hesitate to ask your Project Coordinator or someone from the H.R. Staff.

B Time cards are to be turned into the office no later than 12:00pm on Mondays. It is YOUR responsibility, not the clerk's, to ensure that your time (hours worked) is correct, and has been received in a timely manner. Failure to turn in time cards in a timely manner may delay your pay.

B Your hourly pay is confidential and should NEVER be discussed with another employee or contractor. Discussing pay will result in disciplinary action up to and including termination. Your hourly pay may change based on duties performed and / or assignments. The decision to accept that pay and assignment will be yours.

B Payroll is completed weekly. You will be issued a Global Cash Debit/ATM Card. Your pay will be deposited on that card no later than Friday afternoon if time card was received in a timely manner.

B If you walk off a job before completing your shift, you will only be paid the minimum wage rate for that day and will NOT be eligible for rehire.

B If we send you to a job and you do not report as instructed to the job site without notification (No Call No Show), you will be immediately terminated and will NOT be eligible for rehire.

B The first six (6) months of employment is considered evaluation period. During this time, a manager will evaluate your performance, attendance, attitude, and conduct to determine compatibility with the requirements of the position.

B You are eligible for one week (40 hours) paid vacation for over 2,000 hours worked. These hours must be without more than a 30-day consecutive absence from employment at any time during the 2,000 hours. A 30 day notice must be given to a Condustral representative prior to taking any vacation time.

B You are eligible to enroll in the Condustral Inc. Limited Medical Benefit Program and Dental Plan within the first 90 days of employment. The applications must be completed within 90-90 days from the first date of employment at Condustral. The Medical and Dental benefits will become active the first day of the month following 400 hours of work prior to the 15th of the preceding month. The enrollment in this period of time is your responsibility. You will NOT be restricted.

B You are required to immediately report an accident or job related injury by notifying your supervisor and calling our office at (864) 235-3619. Failure to report an injury/ accident within 8 hours of the incident will result in your claim being denied. If medical treatment is necessary, you should go to the nearest Doctor's Care facility. If you are involved in an accident or job related injury, you will be required to take a post accident drug and alcohol test. If test results are positive, we will reject your claim and you may be solely responsible for all damages. All Condustral employees are subject to random on-site drug testing.

B You are required to call us and inform us of your availability IMMEDIATELY if there is a reduction of force on your present assignment and on a certified weekly basis if you are unassigned or if you become available for work. It is your responsibility to make sure we can contact you for work. FAILURE TO NOTIFY THE OFFICE OF YOUR AVAILABILITY OR CONTACT INFORMATION WILL RESULT IN YOUR UNEMPLOYMENT BEING CONTESTED BY CONDUSTRAL INC AND POSSIBLY DENIED.

B You are required to call our office and the job foreman if you will be absent or late to work. Every attempt should be made to report to work regardless of weather conditions unless notified otherwise.

B You are expected to dress appropriately for your position and work environment. (i.e. boots, safety equipment, practice effective personal hygiene, etc). Please refrain from wearing clothing with offensive remarks or pictures to work. No shorts, flip flops, cut-off shirts or pants or ripped clothing are allowed on job sites for safety reasons.

B Profanity in any form will NOT be tolerated and is grounds for termination. Represent yourself and Condustral in a professional manner.

B Employment outside of the Company (Outside Employment) or Dual Employment is strictly prohibited. Failure to withhold the information about outside employment or Dual Employment at the time of hire, or at any subsequent time other employment is obtained, shall be reason for termination. An employee should notify their immediate supervisor if any outside employment is obtained.

B All company tools, equipment, and / or vehicles must be returned in the same manner received. Failure to return any equipment will be subject to being deducted from your pay and / or reported to the Sheriff's office for prosecution. Any per diem paid in advance shall also be returned to the office if not used, if not returned by the next pay period, the amount will be deducted from your pay or reported to the sheriff's office if you never worked. You will be charged \$15.00 for handsets not returned.

B Falsifying timesheets is FRAUD and is grounds for termination. Engaging in this behavior will be reported to the sheriff's office and Condustral Inc. will prosecute to the full extent of the law.

B Possession or use of any and all weapons, including but not limited to; knives, handguns, and martial arts weapons, regardless of licensure or concealment, is not permitted on job sites or Condustral offices.

Condustral 00095



Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS

Form I-9
OMB No. 1615-0047
Expires 03/31/2016

▶ START HERE. Read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Last Name (Family Name) <u>Turner</u>						First Name (Given Name) <u>Rachel</u>		Middle Initial <u>J</u>	Other Names Used (if any)	
Address (Street Number and Name) <u>135 Villas Cr</u>				Apt. Number <u>A</u>	City or Town <u>W. Cd</u>		State <u>SC</u>	Zip Code <u>29170</u>		
Date of Birth (mm/dd/yyyy) <u>10/13/12</u>		U.S. Social Security Number <u>997-71-6391</u>		E-mail Address			Telephone Number <u>707-883-1963</u>			

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

☐ A citizen of the United States

☐ A noncitizen national of the United States (See instructions)

☒ A lawful permanent resident (Alien Registration Number/USCIS Number): A036888080

☐ An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "NA" in this field. (See instructions)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: _____

OR

2. Form I-94 Admission Number: _____

If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____

Country of issuance: _____

Some aliens may write "NA" on the Foreign Passport Number and Country of issuance fields. (See instructions)

Signature of Employee: <u>[Signature]</u>	Date (mm/dd/yyyy): <u>10/1/14</u>

I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator: _____		Date (mm/dd/yyyy): _____	
Last Name (Family Name) _____		First Name (Given Name) _____	
Address (Street Number and Name) _____		City or Town _____	State _____ Zip Code _____

Conductrial 00089

Employee Last Name, First Name and Middle Initial from Section 1:

List A
Identity and Employment Authorization

OR

List B
Identity

AND

List C
Employment Authorization

Document Title:	Document Title: SCDL	Document Title: SS
Issuing Authority:	Issuing Authority: SCDMV	Issuing Authority: SS admin
Document Number:	Document Number: 0071678702	Document Number: 547-71-10391
Expiration Date (if any) (mm/dd/yyyy):	Expiration Date (if any) (mm/dd/yyyy): 10/13/2014	Expiration Date (if any) (mm/dd/yyyy): N/A
Document Title:	3-D Barcode Do Not Write in This Space	
Issuing Authority:		
Document Number:		
Expiration Date (if any) (mm/dd/yyyy):		
Document Title:		
Issuing Authority:		
Document Number:		
Expiration Date (if any) (mm/dd/yyyy):		

Certification

I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ (See instructions for exemptions.)

Signature of Employer or Authorized Representative	Date (mm/dd/yyyy)	Title of Employer or Authorized Representative
Holly Seebay	10/09/2014	Project Coordinator
Last Name (Family Name)	First Name (Given Name)	Employer's Business or Organization Name
Seebay	Holly	Condustral Inc.
Employer's Business or Organization Address (Street Number and Name) City or Town		State Zip Code
810 Dutch Square Blvd Ste 119 Columbia		SC 29210

Section 3: Rehire Information and Rehire Date		
A. New Name (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial	B. Date of Rehire (if applicable) (mm/dd/yyyy):	

C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.

Document Title:	Document Number:	Expiration Date (if any) (mm/dd/yyyy):

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the U.S. the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to it

Condustral 00090

Signature of Employer or Authorized Representative:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:

SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security

Report Prepared: 10/09/2014

E-Verify

Page: 1 of 1

Case Verification Number: 2014282131417SZ

Case Information:

Employee Information:

Last Name:	Turner	First Name:	Rachel
Middle Initial:		Other Names Used:	
Social Security Number:	*** ** 6391	Date of Birth:	10/13/1972
Citizenship Status:	A citizen of the United States	Email Address:	

Document Information:

List B Document:	Driver's license or ID card issued by a U.S. state or outlying possession	List C Document:	Social Security Card
Document Name:	Driver's license	Document State:	South Carolina
Driver's License or ID Card Number:		Document Expiration Date:	10/13/2014
Alien Number:		I-94 Number:	

Additional Information:

Hire Date:	10/09/2014	Employer Case ID:	
Three-Day Rule Reason:		Three-Day Rule - Other:	
Submitted By:	HSEE1300	Submitted On:	10/09/2014

Initial Case Result:

Case Result: Employment Authorized

Employee Referred to SSA:

Referred By: **Referred On:**

Case Result from SSA (after SSA Tentative Nonconfirmation):

Case Result: **Response Date:**

Resubmitted to SSA (after Review and Update Employee Data):

Last Name:		First Name:	
Middle Initial:		Other Names Used:	
Social Security Number:		Date of Birth:	
Resubmitted By:		Resubmitted On:	

Case Result from SSA (after Resubmission):

Case Result:

Request Name Review:

Comments: **Submitted On:**

Case Result from DHS (after DHS Verification in Process):

Case Result: **Response Date:**

Employee Referred to DHS:

Referred By: **Referred On:**

Case Result from DHS (after DHS Tentative Nonconfirmation):

Case Result: **Response Date:**

Conductrial 00091

Photo Matching Results:

Determination:

Employee Referred to DHS (Additional):

Referred By:

Referred On:

Case Result from DHS (after Additional DHS Tentative Nonconfirmation):

Case Result:

Response Date:

Case Closure:

Closure Statement:

The employee continues to work for the employer after receiving an Employment Authorized result.

Closed By:

HSEE1300

Closed On:

10/09/2014

SENSITIVE BUT UNCLASSIFIED

Conductrial 00092

11

PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

As indication that you have read and understood each sentence; please sign your name in the space provided below.

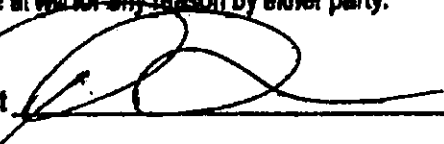
In exchange for the consideration of my job application by Condustral Inc. (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee for Company X, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the Owner/Managing Member of the Company. Both the undersigned and Company X may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts call for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, all previous employers (unless otherwise indicated), references and others and hereby release the Company from any liability as a result of such contact.

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the Company shall be probationary for a period of ninety (90) days and further that at any time during the probationary period or thereafter, my employment relationship with the Company is terminable at will for any reason by either party.

Signature of applicant 

Date: 10/9/14

Condustral Inc. is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, gender, sexual orientation, national origin, citizenship, age, or disability. We assure you that your opportunity for employment with Condustral Inc. depends solely on your qualifications.

Condustral 00086

Thank you for completing this application form and for your interest in our business.



OFFICE USE ONLY	
☐	Grand Strand
☐	Lowcountry
☒	Midlands
☐	Upstate

CLIENT CLINICAL FEEDBACK-Rachel Turner

FACILITY/CLIENT
MANAGER / SUPERVISOR
TITLE

SCDC - Kirkland-GPH
Justin Gudvangen
RN

2/11/15

PERSONAL EVALUATION	Exceeds Standards	Meets Standards	Needs Improvement
Clinical Competency	✓		
Attitude & Cooperation	✓		
Attendance & Punctuality	✓		
Good Communication Skills	✓		

COMMENTS

Mrs. Turner is very motivated and anticipates the needs of her co-workers
And the Unit.

MEDUSTRIAL REP
TITLE
DATE

Condustral 00169



Weekly Time Sheet

Healthcare Staffing Services
Phone: 803.454.1378 • Fax: 803.454.1040
24 Hours 803.303.0067

THIS TIME SHEET MUST BE NEARFULLY FILLED OUT AND SIGNED BY EMPLOYEE AND SUPERVISOR

CONTRACTOR

Rachel Turner

	DATE	START	END	FACILITY	FLOOR	BREAK	SIGNATURE
MONDAY	6/10/13	0700	1930	BRC		30	[Signature]
TUESDAY							
WEDNESDAY							
THURSDAY	6/13/13	0700	1930	BRC		30	[Signature]
FRIDAY	6/14/13	0700	1830	BRC		30	[Signature]
SATURDAY	6/15/13	0945	1930	BRC		30	[Signature]
SUNDAY							

All hours are rounded to the nearest 15 minutes. I certify that the information I have provided is true and accurate to the best of my knowledge. I certify that I obtained no injury or accident while on the assignment.

W/E 6/19/13.

[Signature]

TURNER RACHEL

XXX-XX-6391

BROAD RIVER	SAT 06/15/13	13:25	06/15/13	18:22	4.95
BROAD RIVER	SAT 06/15/13	05:02	06/15/13	12:44	7.70
BROAD RIVER	FRI 06/14/13	13:01	06/14/13	18:11	5.17
BROAD RIVER	FRI 06/14/13	07:11	06/14/13	12:21	5.17
BROAD RIVER	THU 06/13/13	13:20	06/13/13	19:37	6.28
BROAD RIVER	THU 06/13/13	07:08	06/13/13	12:38	5.50
BROAD RIVER	MON 06/10/13	13:10	06/10/13	18:01	4.85
BROAD RIVER	MON 06/10/13	07:12	06/10/13	12:22	5.17

TOTAL FOR EMPLOYEE

44.79

Healthcare Staffing Service
Phone: 803.454.1379 • Fax: 803.454.104
24 Hours 803.309.509

MEDUSYS Weekly Time Sheet

THIS TIME SHEET MUST BE PERSONALLY FILLED OUT AND SIGNED BY EMPLOYEE AND SUPERVISOR

CONTRACTOR

Rachel Turner

	DATE	START	END	FACILITY	FLOOR	BREAK	SIGNATURE
MONDAY	6/17	7A	1845		5th fl	30	<i>[Signature]</i>
TUESDAY							
WEDNESDAY							
THURSDAY	6/20	7A	1945			30	<i>[Signature]</i>
FRIDAY	6/21	7A	1945			30	<i>[Signature]</i>
SATURDAY	6/22	7A	1930			30	<i>[Signature]</i>
SUNDAY							

All hours are rounded to the nearest 1/4 hours. I certify that the information I have provided is true and accurate to the best of my knowledge. I certify that I obtained no injury or accident while on the assignment.

Signature

W/E 6/23/13

TURNER RACHEL XXX-XX-6391

BROAD RIVER	SAT 06/22/13	13:51	06/22/13	19:45	5.90
BROAD RIVER	SAT 06/22/13	06:59	06/22/13	13:33	6.57
BROAD RIVER	FRI 06/21/13	13:29	06/21/13	18:42	5.22
BROAD RIVER	FRI 06/21/13	07:01	06/21/13	13:05	6.07
BROAD RIVER	MON 06/17/13	13:32	06/17/13	18:27	4.92
BROAD RIVER	MON 06/17/13	07:08	06/17/13	12:37	5.48
TOTAL FOR EMPLOYEE					34.16

TURNER RACHEL XXX-XX-6391

BROAD RIVER	SAT 05/11/13 14:16	05/11/13 18:35	4.32
BROAD RIVER	SAT 05/11/13 07:02	05/11/13 13:38	6.60
BROAD RIVER	THU 05/09/13 13:30	05/09/13 14:00	0.50
BROAD RIVER	TUE 05/07/13 13:40	05/07/13 18:42	5.03
BROAD RIVER	TUE 05/07/13 12:59	05/07/13 13:40	0.68
BROAD RIVER	TUE 05/07/13 08:55	05/07/13 09:51	0.93
BROAD RIVER	TUE 05/07/13 07:09	05/07/13 08:49	1.67
BROAD RIVER	MON 05/06/13 13:10	05/06/13 19:14	6.07
BROAD RIVER	MON 05/06/13 10:54	05/06/13 12:39	1.75
BROAD RIVER	MON 05/06/13 06:57	05/06/13 10:33	3.60
BROAD RIVER	SUN 05/05/13 13:59	05/05/13 18:04	4.08
BROAD RIVER	SUN 05/05/13 07:09	05/05/13 13:11	6.03
TOTAL FOR EMPLOYEE			41.26

W/E 5/12/13

2 Weeks off
 Rachel Turner
 Gave me duty
 closet out for
 3 hrs 5/7/13
 5/10/13
 5/11/13
 5/12/13
 5/13/13

TC Reid
 5/23/13 @ 2:11p
 0.95c 2.75 ST/OT
 5.775 + 2.8.98 =
 8.663

Medical Staff

Weekly Time Sheet

Healthcare Staffing Surv
 Phone: 803.464.1378 • Fax: 803.464.11
 24 Hours 803.399.36

Healthcare Staffing Surv. The time sheet must be personally filled out and signed by employee and supervisor.

CONTRACTOR

Rachel Turner

	DATE	START	END	FACILITY	FLOOR	BREAK	SIGNATURE
MONDAY							
TUESDAY	5/7	0700	1830	1		30 min	St. Blif
WEDNESDAY							
THURSDAY							
FRIDAY							
SATURDAY							
SUNDAY							

All hours are rounded to the nearest 1/4 hour. I certify that the information I have provided is true and accurate to the best of my knowledge. I certify that I obtained no injury or accident while on the assignment.

Signature



pd for: 8 hrs.

owe for: 9:52 - 12:59 = 3.25 - .5 = 2.75 ST & OT
 (bill/pay)

September 2015 - Revised 9/2/15

September 2015 - Revised 9/2/15

[illegible]

SOVA**Crime Victims' Compensation Application**

Rev. 4/01

State Office of Victim Assistance • 1205 Pendleton St., Brown Building Room 401, Columbia, SC 29201 • 1(800) 220-5370 or (803) 734-1900
Use a separate form for each person filing a claim.

SECTION 1 Person Receiving Services

Victim or family member requesting assistance.

Check one: ☐ Mr. ☐ Mrs. ☐ Ms.Full Legal Name of Individual
Receiving Services/BenefitsRachel Turner

Social Security #

547716391

Date of Birth

10-13-72

Sex:

☐ Male☒ FemaleThe person receiving services is the ☒ Victim (as identified on the incident report upon which this claim is based)OR the Victim's ☐ Spouse ☐ Parent ☐ Sibling ☒ Child

Other

Check services requested:

☒ Medical☒ Counseling☒ Lost Wages / Support☐ Burial

Other

Please call a local victim advocate or our office for help with completing this form.

SECTION 2 Victim Information

The Victim is the same person listed as a victim on the law enforcement incident report.

Check one: ☐ Mr. ☐ Mrs. ☒ Ms.Name as it appears on
the incident reportRachel Turner

Social Security #

547-71-6391

Date of Birth

10-13-72

Victim is:

☐ deceased☐ incompetent☐ under 17☐ disabledHome Mailing Address
(city, state, zip)135 Villas crt #A. W. Co. SC 29170

Home phone #

707-803-1963

Other contact #(s)

(i.e. work, cell, fax, e-mail)

(For statistical purposes only and is optional) Sex:

Female ☒Male ☐

Race:

Caucasian ☒African American ☐Hispanic ☐Native American ☐Asian or Pacific Islander ☐

Other

SECTION 3 Offender Information

Complete only if: The Offender is the adult assuming responsibility for the crime, or the adult who has physical custody of a minor.

Check one: ☐ Mr. ☐ Mrs. ☒ Ms.

Full Legal Name

Rachel Turner

Relationship to Victim

Self

Social Security #

547-71-6391

Date of Birth

10-13-72Home Mailing Address
(city, state, zip)135 Villas Crt #A. W. Co. SC 29170

Home phone #

707-803-1963

Other contact #(s)

(i.e. work, cell, fax, e-mail)

SECTION 4 Crime Information

Attach a copy of the law enforcement incident report.

If law enforcement was not contacted, an incident report was not written within 48 hours of the crime, or if you are not filing this claim with SOVA within 180 days of the crime, please explain why:

Date of Crime 9/5/15Date Reported 9/5/15

Law Enforcement Agency

SLED

Address of Crime

Kirkland Correctional Inst.

City/County

Col. SCState SC

Incident Report #

Name(s) of Offender(s)

Tessner, Floyd

Was suspect arrested?

☒ Yes ☐ No

Type of Crime and Injury Sustained:

Hostage Assault - Physical Emotional

Relationship of Offender(s) to Victim

I'm patients

Warrant #(s)

Has the case gone to court?

☐ Yes☒ No

Please indicate the type of court:

☐ Magistrate☐ Municipal☐ General Sessions☐ PTJ

If yes, how much restitution was ordered?

☒ None or Amount Ordered \$

Amount Paid to Date \$

SECTION 5 Crime-Related Expense Information*

Attach copies of itemized bills (detailed bills, UB92 or HCFA 1500).

Dalmett Health Richmond, VA	09/05/15		
Name of Doctor/Hospital	Services Provided from (date) to (date)	Phone#	Fax#
Springdale Family Practice	09/19/15		
Counselor	Services Provided from (date) to (date)	Phone#	Fax#
Funeral Home	Services Provided from (date) to (date)	Phone#	Fax#

SECTION 6 Health Insurance / Benefits Information

List insurance policies including Medicaid and Medicare. Health insurance must be submitted to provider.

Consumers Choice	STON42294	800-520-8736

SECTION 7 Lost Wages / Support Information*

If you have not been able to work for at least two weeks in a row, submit last two pay stubs. If self-employed, submit prior year's tax return.

Employer's Name	Modustrial	Phone #	803-454-1378	Fax #		Employee's Name	Rachel Turner
Name & Address of Company/Business (Not other employers on additional sheet)							
If injured on the job, does your employer have Workers' Compensation? ☐ Yes ☒ No							
Have you, or will you, file for Social Security disability (SS)? ☐ Yes ☒ No							
Is your household losing income/paychecks due to the crime? ☒ Yes ☐ No							
Are you missing work to care for the victim? ☐ Yes ☒ No							

SECTION 8 Civil Action InformationHave you hired a lawyer to settle with insurance or file a lawsuit? ☒ Yes ☐ No

If yes, please provide: Name of Lawyer	Jeremy Canipe Todd Rutherford
Mailing Address	
Phone #	770-

SECTION 9 Referral Source Information☐ Solicitor ☐ LEVA ☐ Hospital/Dr. ☐ Counselor ☐ Other

Name/Title of Professional Assisting with Application							
Phone #		Fax #		Agency/Office			
Mailing Address (P.O. Box or Street)							
City and County						State	Zip

SECTION 10 Legal Authorization & Signature

This document is in compliance with the HIPAA guidelines.

I understand that I am responsible for all bills and the compensation program is designated to pay certain costs not covered by another source. Submitting this application does not entitle me to benefits. I authorize the State Office of Victim Assistance (SOVA) to request, obtain, and release any information or records to determine the eligibility of my claim or to obtain restitution for a period not to exceed the full processing of this application. I further understand that there is a potential for me to no longer be protected by the Privacy Rule, and that I have the right to revoke this authorization in writing at any point I so desire. I agree to repay SOVA if I receive money from another source, up to the amount paid on my behalf. This includes any payment I may receive from the offender, any insurance policy or settlements, judgments, or civil law suits. I authorize SOVA to request and obtain any information including settlement disbursements, negotiated medical bills, and all other records related to subrogation from myself or representatives acting on my behalf. I agree to notify SOVA of any changes, such as address or phone numbers, to maintain accuracy in the processing of this claim.

This information I have provided is true and correct to the best of my knowledge under penalty of law (§16-3-1290).

Original Signature of Victim/Claimant		Date	
[Legal representative must sign if the Victim is under 17, legally declared incompetent or deceased.]			
Print Name of Above Victim/Claimant			

* See Supplemental Forms booklet (<http://www.oapp.sc.gov/sova/supforms.pdf>) to request counseling or Lost Wages/Support

DVA Physician's Disability Report - Lost Wages

Office of Victim Assistance • 1205 Pendleton St., Brown Bldg. Room 401, Columbia, SC 29201 • Phone: (803) 734-1900 • Fax: (803) 734-1708

Application for assistance has been filed with our office for the crime victim listed below.
Please complete this form and return it to us as soon as possible; a fax is acceptable.

Name of injured patient Rachel Jane Turner

Social Security No. 547 171 16391

Date of Birth 10 113 1972

When was the patient first seen by you 09 116 2015

Diagnosis: Multiple contusions on back (multiple) above left elbow on right
upper arm. Pt. states hands + back are tender + stiff. states she is having
trouble with night sweats, sleeping, and small places where she is having difficulty eating.
Briefly describe extent and location of injuries: see above.

Does the patient sustain any disability?

Yes

☒ No

(Please circle one.) NOT PERMANENT PHYSICAL
but appears to be anxious + fearful

Is the disability solely a result of this injury?

Yes

☒ No

(Please circle one.)

Explain: however pt. states she is having mental health issues due
to altercation she is to file with PR in 2 wks. as well as HHC.

Patient will be totally unable to work from 09 116 2015 through 09 130 2015

Patient will be partially unable to work from 1 1 1 through 1 1 1

Has the patient been discharged from your care?

Yes

☒ No

(Please circle one.)

Has payment been filed with any of the following?

Medicaid

Yes

No

Policy # _____

Medicare

Yes

No

Policy # _____

Workers' Compensation

☒ Yes

No

Other insurance or program

Yes

No

Company or Agency _____

Address _____

Signature or print physician's name Mary Ward AGNP-BC

Phone (803) 796-1521

Signature of physician Mary Ward AGNP-BC

Date 09 116 2015

Address of physician 3316 Platt Springs RD Columbia 29170

SOVA Employer's Report - Lost Wages / Support Rev. 6/06

State Office of Victim Assistance • 1205 Pendleton St., Brown Bldg. Room 401, Columbia, SC 29201 • Phone: (803) 734-1900 • Fax: (803) 734-1708

SOVA Claimant/Applicant filing for benefits (print full name) Rachel Jane Turner

Job Type lic. Nurse Social Security No. 547 1 71 1 6 391 Date of Birth 10 1 13 1972

Employer: An application for assistance has been filed for the person listed above.

Please complete this form and return it to SOVA as soon as possible; a fax is acceptable.

Date the above person was first employed by you 05 1 1 2012

Date he/she was first absent due to crime related injuries 09 1 06 1 2015

Date he/she returned to work part time, if applicable NA

Date he/she returned to work full time NA

Date he/she was terminated, if no longer employed by you NA

Insurance Type and Policy No.

Health/Medical # Consumer's Choice Disability # _____

Was this employee compensated for time absent from work? _____ If so, how much? _____

Daily Work Schedule: from _____ am/pm to _____ am/pm

Average work hours per week _____ Average overtime per week _____

Average hourly wage _____ Overtime hourly wage _____

Gross salary per week _____ Average commissions per week _____

Employer _____ Address _____ Phone No. () _____

Person Completing Form (print) _____ Signature _____

Title _____ Date _____ Comments? _____

****Further documentation may be required to receive lost wages/support, i.e., W-2, pay stubs, or tax returns. Wages will be offset by other sources such as annual or sick leave, social security or disability.**



Mental Health Counselor's Report

Rev. 6/06

State Office of Victim Assistance • 1205 Pendleton St., Brown Bldg., Room 401, Columbia, SC 29201 • Phone: (803) 734-1900 • Fax: (803) 734-

Refer to instructions and stipulations on reverse side.

Today's Date 9/18/15

Victim's Legal Name: Rachel Turner Claimant (if a different person) _____

Social Security No. 54717116391

Crime Date 9/15/15

Is the trauma and the treatment a direct result of this crime? YES ☒ NO _____

Presenting Complaint Assault

Diagnosis of Record Sleepiness, night sweats, problems in
confined spaces

Description of injury and/or psychological trauma as related to victimization _____

Multiple contusion on back (middle) above left elbow on
right upper arm (cannot completely straighten)

HEALTH INSURANCE CARRIER

(800) 380-8736
Telephone No.

ST0042294
Policy #

Consumer's Choice
Company Name

PO Box 91608
Mailing Address or P.O. Box

Hubbuck, TX 79490-1606
City/State/Zip Code

Authorized Signature of Treating Therapist/Counselor _____

Printed Name of Payee _____

Telephone No./Extension _____

License Type and No. _____

Mailing Address _____

City/State/Zip Code _____

Supervisor's Signature _____

License Type and No. _____

Date _____

NOTE: SOVA does NOT act as guarantor for any services rendered.

SOVA**Mental Health Counselor's Report**

Rev. 08/14

State Office of Victim Assistance 1205 Pendleton St., Brown Bldg., Room 401, Columbia, SC 29201 Phone: (803) 734-1900 Fax: (803) 734-2261

Today's Date 12 / 11 / 15Victim's Legal Name Rachel Turner Claimant (if a different person) _____SS # (last 5 digits) 01 - 6391Crime Date 9 / 5 / 2015

To the Provider: This form is used for consideration with the initial 14 mental health session's limit. To request approval/preauthorization for payment of additional sessions, the 'Additional Counseling Sessions Request Form' must be submitted.

This form must be submitted to request approval/preauthorization for payment of counseling sessions. The treatment must be directly related to the crime on which the claim is based. The information provided must include a goal-directed treatment plan and a summary of your assessment toward meeting those goals.

Approval/preauthorization is contingent upon the rationale behind the need and the details provided.

Is the trauma and the treatment a direct result of this crime? YES ☒ NO ☐Presenting Issue: Post-traumatic stress disorder - generalized anxiety, fear of closed spaces and being trapped, low appetite, hopelessness, low appetite, startle response, flashbacks, nightmares + night sweatsDescription of psychological trauma as related to victimization: Rachel was held hostage for 5 hours while working. She was beaten, threatened, and forced to take drugs found. Since she has lost her job and medical insurance, this further's trauma because of
Type of evidence based treatment model being used: Financial stress,trauma focused - cognitive behavioral therapy**Payer of Last Resort Status:**

The State Office of Victim Assistance is the payer of last resort. If the victim has insurance, and the victim elects not to use his/her insurance for treatment, SOVA will not cover the cost. It is the provider's responsibility to ensure that other avenues of payments are explored and used.

The following question must be answered: Does this victim have health insurance coverage? YES ☐ NO ☒

If the victim has health insurance, SOVA will pay after the insurance pays. Please provide the following information along with a copy of the EOB for each DOS:

Health Insurance Carrier _____ Policy No. _____

Maurice Burgett, MA
Authorized Signature of Treating Therapist/Counselorn/a

License Type and Number

M. Harris, EdS, LPC
Supervisor's Signature

Printed Name of Payee

301 Palmetto Park Blvd

Mailing Address

SC 2752License Number 294

3030

(803) 996-1500

Telephone No./Extension

Columbia, SC 29072

City/State/Zip Code

12/11/15

South Carolina Department of Corrections Bond Hearing Information Form

Bond hearings will be conducted at SCDC on the third Tuesday of every month from 8:30am to 12pm.

The bond hearing for Eric Tessner (Defendant's name) will take place at
Lieber Correctional Institution (name of SCDC facility)
on November 17, 2015 (date).

Any victim wishing to attend and enter one of our institutions will be required to comply with the rules listed below:

Visitors who wish to attend bond hearings must arrive at the designated institution by the appointed time. All visitors must present a valid form of picture identification (valid driver's license, valid state identification card, valid military ID, etc.). All visitors will be subject to a normal search conducted by employees of SCDC prior to be allowed to enter the facility. The search procedures involve, but may not be limited to, emptying all pockets, removing shoes and all items containing metal, and passing through a metal detector.

No cell phones, pagers, weapons, and pocketbooks/handbags/wallets are allowed to be taken into an institution. Jewelry is limited to a wedding ring, one pair of earrings, one religious medallion on a necklace or chain, one wristwatch, and a medical alert bracelet. No more than \$15.00 in cash is allowed, and nothing larger than a \$5.00 bill. Failure to clear the metal detector or any attempt to introduce contraband into an institution can result in the visitor being denied entry.

All visitors must be dressed appropriately. Females will not be allowed to enter wearing see-through clothing, tank tops, skirts/dresses with slits that run the length of the clothing, or anything that is deemed to be suggestive or inappropriate. The Warden/designee has the discretion to disallow any person from entering an institution.

Once visitors are cleared through the entry process, they will be directed to a waiting area within the institution. There will be no visiting or contact between visitors and inmates at any time. Upon completion of the bond hearing, visitors will be expected to exit the institution.

10/21/2015 @ 3:00PM = I called victim (Nurse Rachel Turner).
She does not wish to be present at this bond hearing.

Lee Boan
S/A Lee Boan (SLED)

South Carolina Department of Corrections Bond Hearing Information Form

Bond hearings will be conducted at SCDC on the third Tuesday of every month from 8:30am to 12pm.

The bond hearing for Wesley Floyd (Defendant's name) will take place at
Perry Correctional Institution (name of SCDC facility)
on November 17, 2015 (date).

Any victim wishing to attend and enter one of our institutions will be required to comply with the rules listed below:

Visitors who wish to attend bond hearings must arrive at the designated institution by the appointed time. All visitors must present a valid form of picture identification (valid driver's license, valid state identification card, valid military ID, etc.). All visitors will be subject to a normal search conducted by employees of SCDC prior to be allowed to enter the facility. The search procedures involve, but may not be limited to, emptying all pockets, removing shoes and all items containing metal, and passing through a metal detector.

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10/21/2015 @ 3:00PM = I called victim (Nurse Rachel Turner).
She does not wish to be present at this bond hearing.

Lee Boan
S/A Lee Boan (SLED)

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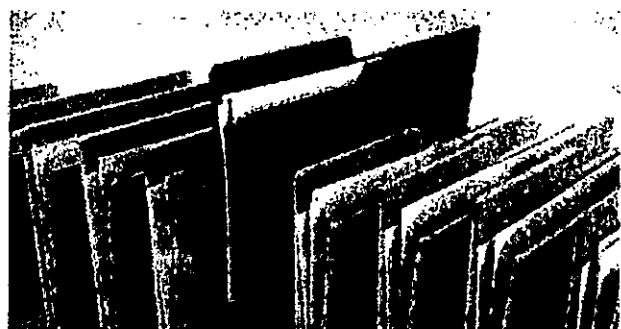
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MedFirst hires a wide range of healthcare personnel, but we specialize in RNs, LPNs and CNAs.

HOW DO I APPLY?

Our application is available through this website. Once you start the application process you will need to establish an individual user name and password to log in to our system. This will allow you to complete the application materials at your own pace, when it is convenient for you. Please call 888.421.0395 if you have questions, or wish to speak with one of our Recruiters.

WHAT QUALIFICATIONS DO I NEED TO APPLY?

MedFirst requires that you hold a current license or certification for the state in which you want to work (or have a compact license), and prefer that you have at least one year of recent experience in your clinical specialty. We also require:

- Current CPR (American Heart Association or Red Cross preferred)
- Current certifications required by your specialty (ACLS, PALS, TNCC, etc.)
- Current PPD (within the last twelve [12] months)
- At least two (2) professional references

AFTER I APPLY, WHAT ARE THE NEXT STEPS?

After you complete the online application, a MedFirst Recruiter will contact you. We want to learn more about you. For example, we want to know your skills and experience, availability, shift preferences, and desired locations.

During the application process, you will be asked to submit to a drug screen. We will complete various background checks and will run your name through the federal E-Verify system to determine your eligibility

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to work in the United States. We will also assign skills checklists and competency tests for you to complete.

Once you complete the application process, your Recruiter will present you with available job opportunities.

Assignments and Compensation

HOW MUCH WILL I EARN WORKING FOR MEDFIRST?

MedFirst provides highly attractive compensation. Your compensation will depend on your specialty, work history, and assignment choice. Please speak with your Recruiter directly for more information regarding pay rates.

HOW OFTEN DO I GET PAID?

WHAT HAPPENS IF I HAVE A PROBLEM WITH MY PAYCHECK?

DOES MEDFIRST WITHHOLD TAXES FROM MY PAYCHECK?

Yes, MedFirst currently employs our staff as W-2 employees. We are responsible for withholding all applicable state and federal taxes from your paycheck.

WHAT HAPPENS AFTER I ACCEPT AN ASSIGNMENT WITH MEDFIRST?

A member of our staffing team, either your Recruiter or the Staffing Coordinator, will contact you frequently to monitor the progress of your current assignment or to discuss potential new jobs or available shifts. Typically, our contract employees have the option of extending their current assignment, or rolling into a new one. If you work per diem shifts, the Staffing Coordinator will act as a liaison between you and the facility to arrange your schedule.

MedFirst also has a dedicated Credentials Coordinator as part of our staffing team. You will hear from our Credentials Coordinator when one or more of your credentials are expiring, usually 60 days from the expiration date. We want to give you plenty of time to update your credential(s). Our goal is for you to maintain your work schedule uninterrupted by expired credentials.

HOW DO I KNOW WHAT CREDENTIALS I NEED FOR A CERTAIN POSITION?

Our staffing team will assist you in determining the appropriate credentials for each assignment.

WHAT ABOUT CONTINUING EDUCATION?

MedFirst encourages and expects its employees to complete their continuing education requirements. You can find online continuing education courses accepted by the South Carolina Board of Nursing at <http://www.ltr.state.sc.us/POL/Nursing>. Click on the link in the middle of the page entitled "Competency Requirement Criteria - Contact Hours Included". Continuing education courses can also be found through the American Nurses Association at www.nursingworld.org.

Benefits

DOES MEDFIRST OFFER BENEFITS?

MedFirst offers a full range of benefits to our employees. Our Company also offers a 401(k) retirement plan with Immediate vesting. Please contact the office to hear about current benefit options.

2007 MEDICAL STAFFING

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MedFirst, based in Greenville, South Carolina, is a Joint Commission certified provider of *nursing and other healthcare staffing services*. We take great pride in providing high quality staffing services, whether the need is per diem, contract, or permanent placement. We create strong relationships with our clients and our employees through our exceptional commitment to personal service. MedFirst truly does Provide Healthcare's Providers®.

We work hard to understand the staffing needs of our clients. Part of that understanding includes thoroughly screening our employees to confirm their personal and professional integrity prior to their hire and placement. As a result, MedFirst enjoys a strong reputation for providing outstanding personnel, whether placed in a home or in a hospital.

Our Company is also committed to providing rewarding careers for our employees. We have numerous job opportunities at hospitals and other healthcare venues, and are constantly working to increase those opportunities. MedFirst provides our employees with attractive compensation and a full range of benefits. In addition, we have a team of staffing professionals dedicated to supporting the career goals of our employees.

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MedFirst Staffing is a Joint Commission certified provider of nursing and other healthcare staffing services. We take great pride in providing high quality staffing services, whether the need is per diem, contract, or permanent placement. We create strong relationships with our clients and our employees through our exceptional commitment to personal service. MedFirst truly does Provide Healthcare's Providers®.

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has never looked brighter

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MedFirst – Providing Healthcare's Providers

Welcome to MedFirst Staffing, a leading provider of *healthcare staffing services*. We take great pride in providing outstanding healthcare professionals to medical facilities and home health clients throughout South Carolina, including Greenville/Spartanburg, Columbia, Florence, and Charleston.

Our commitment to quality care and personal service is evidenced by our Certificate of Distinction for Healthcare Staffing Services from the Joint Commission, the nation's oldest and largest standards-setting and accrediting body in healthcare.

The future of healthcare staffing has never looked brighter. And you can be part of it. Whether it's per diem, contract or permanent placement, we have numerous job opportunities at hospitals and other healthcare venues and are constantly working to increase those opportunities. We're glad you're here!

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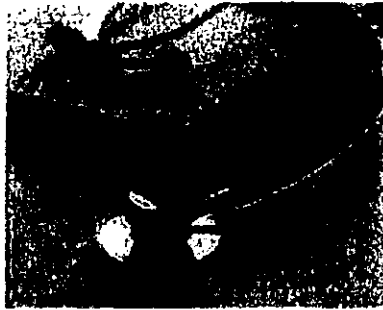
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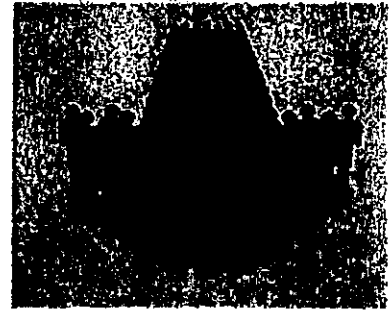
Our highly-qualified nurses and caregivers provide compassionate, dependable at-home care to patients of all ages, conditions and cognitive abilities.

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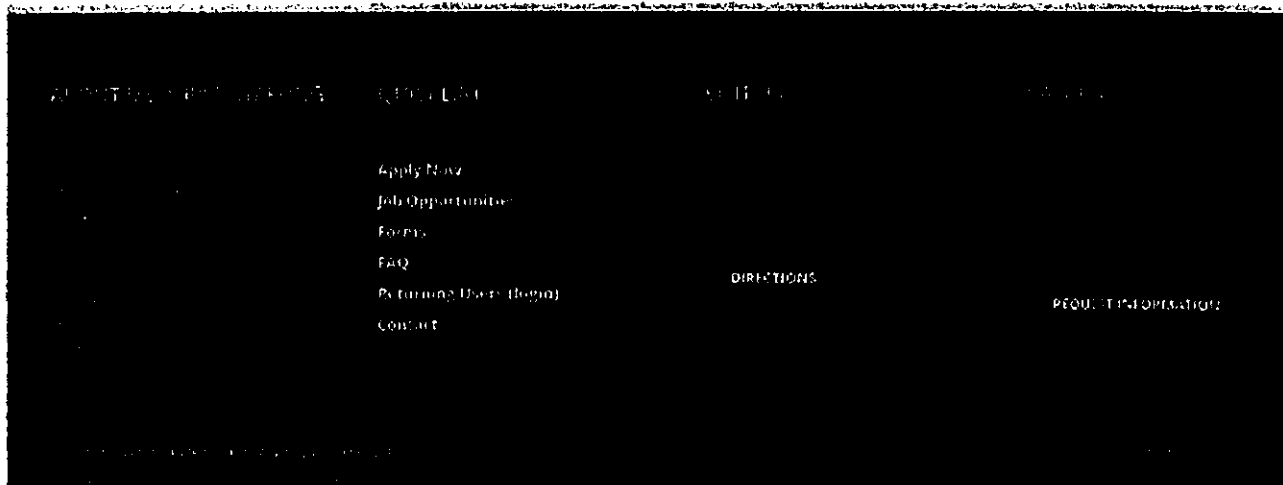


Looking for your next career opportunity? MedFirst is a great place to work, offering attractive compensation, insurance, retirement plans and much more.

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"I really enjoy the personal touch that I receive from the staff. I would recommend MedFirst because of their genuine nature - they treat you as a person and not a number."

ANGIE, RN



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MedFirst is an outstanding source for your *nursing and other healthcare staffing* needs. We employ an ever growing number of nurses and other healthcare professionals for assignment in variety of medical facilities, including hospitals, residential care facilities, physician offices, and correctional institutions. MedFirst places its employees per diem, fixed-term contract, and permanent placement.

First and foremost, you can rest assured that all of your interactions with MedFirst will be performed with quality. We thoroughly screen our employees to confirm their professional qualifications prior to their placement at your facility. In addition, we will gladly incorporate any of your hiring requirements into our credentialing process. We want you to consider us part of your HR team. We are on-call 24 hours a day, 7 days a week to respond to your needs quickly and professionally. Please call 888.421.0395 today to start building a relationship.

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MedFirst is a leading provider of nursing and healthcare staffing services. We are committed to providing high-quality care and support to our clients and patients. Our experienced staff and advanced technology ensure the highest standards of care.

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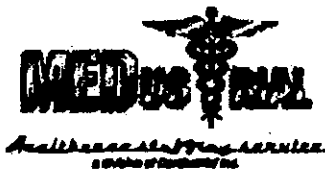
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We pride ourselves on exceptional service. When it comes to meeting your staffing needs, Medustrial Healthcare Staffing Service treats your request with urgency, getting that shift filled and allowing you to concentrate on other items in your day to day operation. We take the worry out of your daily staffing concerns.

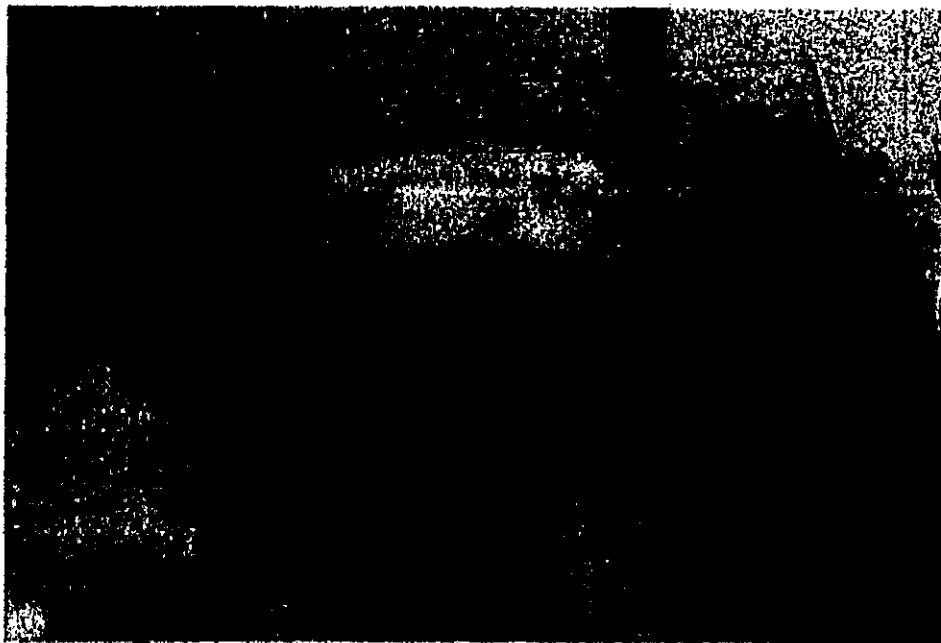
Whether the need is temporary or long-term, Medustrial Healthcare Staffing Service has clinical and non-clinical



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(<http://streamdb7we.securenet systems.net/cn/index.cfm?stationCallSign=WV.NQ>)

Convicted murderers charged with holding nurses hostage at Columbia prison

December 1, 2015 by Allen Wallace (<http://www.coladaily.com/bios/->)

Two convicted murderers already serving life sentences with no possibility of parole now face additional charges after the conclusion of a SLED investigation into allegations the inmates took two nurses hostage.



(<http://www.coladaily.com/wp-content/uploads/2015/12/Wesley-Floyd.jpg>)

Wesley Floyd (photo provided)



(<http://www.coladaily.com/wp-content/uploads/2015/12/Eric-Dale-Tessner.jpg>)

Eric Dale Tessner (photo provided)

Wesley Floyd, 45, and Eric Dale Tessner, 34, allegedly forced their way into a nurses' station inside Kirkland Correctional Institution on Broad River Road in Columbia on Sept. 5.

The inmates are accused of taking two nurses hostage. Both men allegedly carried homemade knives, and the nurses told SLED agents Tessner held one of them while Floyd cut her neck with a knife.

The nurses were held hostage for about seven hours before one was released by Floyd and Tessner, according to arrest warrants. SLED agents and South Carolina Department of Corrections officers rescued the second nurse about half an hour after the release of the first.

Tessner and Floyd both face charges of taking of hostages by an inmate, carrying or concealing a weapon by an inmate, and first degree assault and battery.

Tessner was convicted of murder in Florence County in 2005. He has a long record (<http://public.doc.state.sc.us/scdc-public/inmateDetails.do?id=%2000317137>) of assaulting and threatening prison employees.

Both men were transferred to other South Carolina prisons after the Sept. 5 incident.

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Autumn 2016

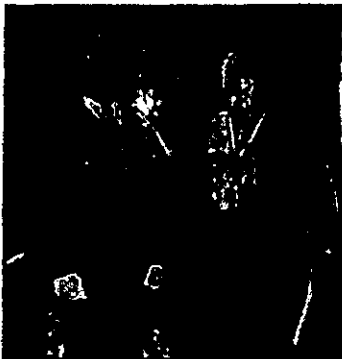
A Publication of The CPO Foundation

Vol. 26, No. 2

Bravery "Above and Beyond the Call of Duty"

Every year at Project 2000, we recognize several Corrections Professionals who have acted "above and beyond the call of duty" on or off the job, thus bringing particular credit to themselves, their institutions and the Corrections profession as a whole.

Here are this year's "above and beyond" honorees.



**Correctional Officer
Robert Apodaca**
Trinidad Correctional Facility, CO

Correctional Officer Robert Apodaca
Trinidad Correctional Facility, Colorado:
On December 19, 2015, off-duty Correctional Officer Robert Apodaca assisted a Trinidad Police Officer involved in a fight with a suspect on Officer Apodaca's street. Officer Apodaca got the suspect into a joint-wrist lock that he held until backup ...
(continued on back cover)



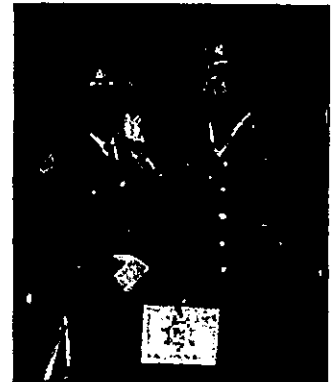
**Officer David Church and
Supervising Registered Nurse
Craig Phillips**
High Desert State Prison, CA

Sergeant Benny Diaz
Pleasant Valley State Prison, California
Sergeant Benny Diaz was off duty when he witnessed a gunman walking up to vehicles and shooting motorists. Sergeant Diaz and another armed civilian approached the shooter, and Sergeant Diaz shot and wounded the gunman who fled in a stolen SUV ...
(continued on back cover)



Sergeant Benny Diaz
*Pleasant Valley State
Prison, CA*

Captain Rob Gamberg, Correctional Officer David Church and Supervising Registered Nurse Craig Phillips, High Desert State Prison, California
When acting Captain Rob Gamberg came upon the scene of a two-car accident, he saw a fellow High Desert State Prison employee already hard at work helping the victims. Correctional Officer David ...
(continued on back cover)



Corrections Officer Jeff Keafer
*State Correctional Institution
Somerset, PA*

Corrections Officer Jeff Keafer
State Correctional Institution Somerset - Pennsylvania
On February 29, 2016, Corrections Officer Jeff Keafer was on his way to work when he saw a Somerset Borough Police Officer in an altercation with ...
(continued on back cover)

Inside, starting on page 4: **PROJECT 2000 XXVII**
June 9-12, 2016, Pittsburgh, PA

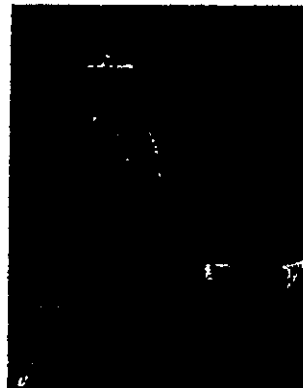
Survivors of Assaults



Left: Licensed Practical Nurse Kristen Hildebrand, Kirkland Correctional Institution, SC. Nurse Hildebrand was one of two nurses held hostage for eight hours in a housing unit pill room by two inmates in search of drugs. The inmates in fact crushed, snorted and ingested many controlled substances during the eight-hour period, and forced Nurse Hildebrand to give them injections of other drugs. During

the entire time Nurse Hildebrand retained her composure, and assisted the hostage negotiators with de-escalating the situation. When the time came, she also convinced the inmates to release the other nurse first, as this nurse was badly injured.

Right: Correctional Counselor I Cynthia Sparks, Mount Olive Correctional Complex, WV. Counselor Sparks was beaten by an inmate on November 14, 2015. The inmate assaulted her in retaliation for Counselor Sparks having written him up for an infraction. Counselor Sparks suffered injuries including a broken eye socket, other broken bones around her eye and a crushed sinus cavity.



Left: Corrections Officer Francisco Charriez, State Correctional Institution Coal Township, PA.

On August 24, 2014 Officer Charriez was in the yard surrounded by inmates when an inmate attacked him by slashing him in the face through his eyelid into the socket and down his neck and back. Officer Charriez has not been able to return to work due to the extent of his injuries.

Right: Correctional Officers David Manly, Jacob Flathers and Dessah Shaw, Perry Correctional Institution, SC.

All three Officers suffered puncture stab wounds during a violent altercation with three inmates on November 4, 2015.

Officers Manly, Flathers and Shaw had begun locking the cell doors on the top tier of a dorm when two inmates ran up the tier and began assaulting Officers Manly and Flathers. Officer Shaw was cornered at the end of the dorm hall and attacked by another inmate wielding a homemade blade and an ice pick.



Above: Correctional Officer Jasmine Stephens, Caswell Correctional Center, NC.

Officer Stephens was attacked on January 15, 2016 by an inmate who was upset that Officer Stephens was going to write him up for a chargeable offence. The inmate stabbed Officer Stephens in the upper jaw near her eye, piercing her skull. Officer Stephens spent three days in a hospital ICU. She was able to return to work two weeks later.



Left: State Correctional Institution Greene, PA Superintendent Robert Gilmore accepted the award for **Corrections Officer I Rodney Walters of SCI Greene.**

On November 19, 2015 Officer Walters was attacked by an inmate with a homemade weapon who stabbed Officer Walters repeatedly in the head, neck, shoulder and back. As of June 2016 Officer Walters had not returned to work.

Right: Correctional Officer Marvin Garris, Jr., Bertie Correctional Institution, NC.

Officer Garris was assaulted on May 2, 2015 by an inmate using a weapon the inmate had made from a soft drink bottle that had been melted and formed into a knife. Officer Garris suffered several eye and facial injuries, and numerous stab wounds on his neck, leg and back.



continued next page

Rachel Turner AWW calculation

CK Date	3rd QTR 14 09/25/14	4th QTR 14 12/25/14	1st QTR 15 03/26/15	2nd QTR 15 06/25/15	
	\$1,222.00	\$1,020.50	\$1,301.63	\$1,424.50	
	\$1,006.50	\$1,581.50	\$1,215.50	\$1,034.00	
	\$1,069.75	\$731.50	\$1,160.50	\$1,336.50	
	\$770.00	\$1,028.50	\$1,468.50	\$968.00	
	\$1,138.50	\$1,034.00	\$1,012.00	\$1,193.50	
	\$1,105.50	\$962.50	\$1,166.00	\$676.50	
	\$1,435.50	\$1,012.00	\$792.00	\$759.00	
	\$1,182.50	\$1,336.50	\$1,182.50	\$921.25	
	\$1,463.00	\$1,111.00	\$863.50	\$1,215.50	
	\$1,149.50	\$1,622.50	\$962.50	\$814.00	
	\$1,133.00	\$836.00	\$1,199.00	\$987.25	
	\$1,122.00	\$1,386.00	\$1,133.00	\$1,078.00	
	\$1,380.50	\$1,155.00	\$1,226.50	\$1,696.75	
Total	\$15,178.25	\$14,817.50	\$14,683.13	\$14,104.75	\$58,783.63
					52
			Average Weekly Wage		\$1,130.45
			Compensation Rate		\$753.67



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City: West Columbia State: SC Zip: 29170 City: Greenville State: SC Zip: 29601
Home Phone: () Work Phone: () Carrier: Countrywide/Guarantee Insurance Company
Preparer's Name: T. Jeff Goodwyn, Esquire Preparer's Phone #: (803) 251-4517

A claim for workers' compensation benefits is made based on the following grounds:

☒ Injury ☐ Illness ☐ Repetitive Trauma

1. Compensation Rate: \$222.20 2. AWW: \$333.29 Date of Injury: 9/5/15
3. Type of injury and body part(s): Alleged Right shoulder, right arm, neck, back and psych (PTSD)
4. Facts in controversy: 1) Whether the Claimant is an independent contractor or employee of Condustrual/Medustrial; 2) If Claimant is found to be an employee, whether claimant sustained a compensable injury; 3) Whether claimant is entitled to temporary total disability benefits for the periods she has missed from work; 4) Whether the claimant is entitled to additional medical treatment; 5) AWW/Compensation Rate are in dispute - Whether Claimant's net taxable income is the appropriate amount to base her Average Weekly Wage; 6) If Claimant is found to be an employee of Condustrual/Medustrial, whether Countrywide/Guarantee Insurance Company is the proper carrier; 7) Whether collateral estoppel precludes a finding that Claimant is not an independent contractor in light of the DEW opinion finding that Condustrual's 1099 nurses are independent contractors.
5. Legal issues involved: Collateral Estoppel/Issue Preclusion. Condustrual's 1099 nurses have previously been adjudicated to be independent contractors by the SC Dept. of Employment and Workforce. Steven v. Avins, 478 S.E.2d 74 (SC App. 1996); Wright v. Wright, 306 S.C. 331(1991); SC Code §42-1-40;
6. Unusual aspects: Claimant claims to be afraid of white males. Two attorneys and many witnesses are white males.
7. Witnesses (designate if expert):* The claimant, Tom Sears, Tony Harmon, Scott Hanson, Zack Collier, Albert Hynshaw, Joanne Whitaker, Tony Durham, Stephanie Whiteside, Holly Seebby, Lissette Collachi, Janet Brazel, Andy Songer, Kristen Hildebrand, Lt. Darryl McLaughlin, Art Welling, Justin Gudvangen, Jen Wrecksics, Tommy Burgess and any witnesses identified by any other party.

Witnesses named by Defendants. The Claimant reserves the right to amend their Pre-hearing brief upon receipt of additional information.

8. Exhibits: Countrywide Service Agreement dated 3/26/15; Procedural Amendment to Labor Service Agreement dated 3/26/15; 6/1/16 DEW Decision on IC Issues; Relevant excerpts of WC case codes; Payroll Reports for nursing personnel; Emails between Condustrual and Countrywide; table of payroll for medical staffing personnel; 1/5/16 Emails related to back charges; back charge bill; 11/13/15 letter from Countrywide to Guarantee; 9/24/15 email from Condustrual to Dept. of Corrections; IRS Independent contractor questionnaire and instruction; Personnel file of claimant including IC agreements dated 2/8/13 and 10/9/14; tax returns of Claimant for tax years 2013, 2014, and 2015; Payroll records for Claimant; Personnel Services Agreement between SCDC and Condustrual d/b/a Medustrial dated 9/9/08; Certificate of liability insurance for Condustrual
9. Medical evidence (indicate report pursuant to R.67-612; deposition or appearance):
Under the Administrative Procedures Act, the following medical evidence was submitted:
Palmetto Health Richland; Springdale Family Practice; InMed Diagnostics; USC Orthopaedics; Progressive Physical Therapy; Palmetto Behavioral Day Treatment; Mt. Hebron Counseling; Lexington County Community Mental Health Center.
10. Name, address, and specialty, if any, of the treating physician: J. Robert Dunn, III, M.D., Springdale Family Practice, 3316 Platt Springs Road, West Columbia, SC 29170; Ryan Hess, M.D., USC Orthopaedics, 2 Medical Drive, Columbia, SC 29203.
11. Impairment rating(s); body part(s); physician and date of opinion: Denied claim, no treatment authorized.
12. I am amending my Form 50/51 in the following manner: _____

Signature: _____

Email: jgoodwyn@goodwynlaw.com

Date of hearing: June 12, 2017 (Commissioner James)

Time needed for hearing: 2 Days

On behalf of ☐ Claimant ☒ Employer

File this form and proof of service on the opposing party according to R.67-611 and R.67-212. Do not send medical reports.

WCC Form # 58

Rev. 9/07

58

PRE-HEARING BRIEF

BEFORE THE SOUTH CAROLINA
WORKERS' COMPENSATION
COMMISSION

WCC FILE NO.: 1514359

**AMENDED NOTICE OF WITNESSES
AND WRITTEN REPORT(S) PHYSICIAN
OR OTHER EVIDENCE TO BE
INTRODUCED ON BEHALF OF
CONDUSTRIAL, INC.**

vs.

SC Department of Corrections, Condustral, Inc., Countrywide Staffing Solutions, and Medustrial Healthcare Staffing Service,

Employer(s),

and

State Accident Fund, Guarantee Insurance Co. and South Carolina Workers' Compensation Uninsured Employer's Fund

Carrier(s).

TO: SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION; ERIN FARTHING, ATTORNEY FOR S.C. DEPT. OF CORRECTIONS AND STATE ACCIDENT FUND; GRADY L. BEARD, ESQUIRE, ATTORNEY FOR COUNTRYWIDE STAFFING SOLUTIONS; JAMES NEWMAN, JR. ATTORNEY FOR GUARANTEE INSURANCE COMPANY; AND LISA C. GLOVER, ATTORNEY FOR SOUTH CAROLINA WORKERS' COMPENSATION UNINSURED EMPLOYERS' FUND AND MEDUSTRIAL HEALTHCARE STAFFING SERVICE:

YOU ARE HEREBY NOTIFIED THAT THE employer, Condustral, Inc., pursuant to the provisions of the South Carolina Workers' Compensation Act and South Carolina Code Section 1-23-330 (1976, as amended), herewith submits the following reports/physicians or other evidence on behalf of the employer, Condustral, Inc., to wit:

EXHIBITS

TAB	No. Pages
1	Reliant Payroll Solutions Payroll Records
2	Email dated 9/24/15
3	Email dated 3/1/17
4	New Hire/Rehire Checklist
5	WCC letter dated 10/13/15

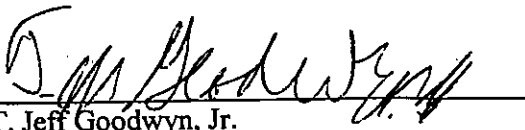
6	SCDOC Case Status Report	19
7	SCDOC Incident Reports	20-26
8	Correspondence Rachel Turner	27
9	Employee Rachel Turner Document	28
10	LPN Job Description	29-30
11	Rachel Turner Daily Log	31-33
12	Medustrial Letter dated 9/24/15	34
13	Nurses Code Payments	35
14	SCDEW Decision dated 6/1/16	36-57
15	Email dated 1/5/16 Payroll (Withholding taxes)	58-59
16	Countrywide Invoice dated 1/4/16	60
17	Countrywide Letter dated 11/13/15	61
18	Countrywide payroll taxes for future payment	62
19	Voluntary Statement-Rachel Turner	63-68
20	Claimant's Tax Returns-2013	69-82
21	Claimant's Tax Returns-2014	83-103
22	Claimant's Tax Returns-2015	104-133
23	DSS Orangeburg County Documents	134-147
24	SC Workers' Compensation Class Code	148-149
25	IRS Independent Contractor Questionnaire and Instructions	150-153
26	Signed Countrywide Service Agreement	154-163
27	Procedural Amendment to Contract Labor Service Agreement	164-166
28	Certificate of Liability Insurance	167-169
29	Deposition Transcript of Zach Collier dated 4/19/17	170-181
30	Excepts of Transcript of day 1 of the Hearing related to position of Guarantee, pp. 27-42 (p. 30) dated July 24, 2017	182-199
31	Condustrail, Inc.'s Certificates of Insurance dated 7/28/15-9/28/15	200-221
32	Application/Procedures & Affiliations questionnaire	222-223
33	Loss Fund Program Report	224-227
34	Countrywide Rate Analysis	228-230
35	Condustrail Work Comp Claim Summary	231-232
36	Condustrail WC Actual Payroll Jan-June 2006	233-244
37	Medustrial Contract Employee Nurses	245-247
38	Medustrial Rate Schedule	248
39	Medustrial Rate Sheet	249
40	Contractor Referral Agreement	250-252
41	Various Countrywide Staffing Solutions Group-Certificate of Liability Insurance dated 7/23/15-7/28/15	253-255
42	Countrywide WC Coverage Letters dated 3/29/15-3/31/15	256-285
43	Condustrail, Inc. Letter dated 9/28/2007	286-289
44	Email to Tony Durham from Natasha Rathburn dated 3/16/11	290-293
45	Email to Donna Amick from Natasha Rathburn dated 3/5/13	294-298
46	Email from Holly Seeby dated 4/8/14	299-300
47	Contractor Referral Agreement	301-303
48	Licensed Professional Independent Contractor Agreement	304-308
49	Gatekeeper Maintenance Letter dated 7/22/15	309
50	Medustrial Letter to Robert Wood dated 3/20/2006	310-311

51	Condustrual, Inc.'s Certificate Holder Report/Lists Certificate Holders by Customer dated 6/23/09	312-354
52	Condustrual, Inc.'s Holders for Certificate of Insurance-Master 2011-2012	355-382
53	Condustrual, Inc.'s Wire Transfer to Countrywide HR dated 5/22/15-12/7/15	383-559

YOU ARE HEREBY NOTIFIED that the employer, Condustrual, Inc. will rely upon the APA submissions submitted by the Claimant and/or other Defendants. You are further notified that the following witnesses may be called on behalf of the Condustrual, Inc.:

The Claimant, Tom Sears, Tony Harmon, Scott Hanson, Zack Collier, Albert Hynshaw, Joanne Whitaker, Tony Durham, Stephanie Whiteside, Holly Seeby, Lissette Collachi, Janet Brazel, Andy Songer, Kristen Hildebrand, Lt. Darryl McLaughlin, Art Welling, Justin Gudvangen, Jen Wreccics, Tommy Burgess, Janet Brazel, RN; Cheryl Denny, LPN; Sandra Sidney, LPN; Chuck Lee; Sara Rafferty; Joe Sullivan; Natasha Rathburn; Jack Dusang; Beth Woodall; Michelle Richey; Mike Martin; Will Robinson; Lynn Hanson and any and all witnesses listed by any other party. The employer, Condustrual, Inc., reserves the right to cross-examine any expert submitted by the Claimant and/or other Defendants pursuant to 1-23-330(3).

GOODWYN LAW FIRM, LLC


T. Jeff Goodwyn, Jr.
2519 Devine Street
Suite A
Columbia, SC 29205
(803) 251-4517
Attorney for Employer, Condustrual, Inc.

Columbia, South Carolina
October 24, 2017

LPN JOB DESCRIPTION

Summary:

A professional Licensed Practical Nurse assists a Registered Nurse in the delivery of nursing care. An LPN is prepared to function as a member of the health-care team by exercising sound nursing judgment based on preparation, knowledge, skills, understanding and past experiences in nursing situations. An LPN participates in the planning, implementation, and evaluation of nursing care in the settings where nursing takes place.

Duties and Responsibilities

- Gives direct patient care.
- Performs treatments and procedures according to nursing department guidelines.
- Observes patients and documents information according to prescribed policy and procedure.
- Keeps Registered Nurse informed regarding changing conditions and other pertinent information.
- Assists in assessment, planning, implementation, and evaluation of patient care.
- Keeps patient information confidential and respects the patient's right to privacy.
- Has knowledge of the policies, procedures, and standards of the nursing profession.
- Practices within the limits of the State's Nurse Practice Act and the nursing administrative policies of the health care facility to which they are assigned.
- Maintains and updates skills needed for excellence in patient care.

Duties and Responsibilities Specific to South Carolina Department of Corrections include

- Schedule inmate order-to-reports.
- Pack pills in preparation for pill line and pill pass.
- Perform pill line and pill pass duties.
- Administer insulin and other medications as needed.
- Administer and read PPD tests as needed.
- Recognize and maintain standards of security as set forth by the institution.
- Perform wound care and dressing changes
- Document result of patient care in the computer
- Administer flu shots

Conductual 00206

- Emergency response
- Doctor clinics
- Transcribing MARS

Condustral 00207

Daily log

Rachel Turner

9/5/15- Hostage incident at Kirkland Correctional. Doris Jacques called to notify us.

I went to Palmetto Richland to check on Rachel Turner. I waited with her brother and sister in law for about 45 minutes. I was able to see her and talk to her for a couple of minutes. She looked shaken and tired. I also spoke to S/A Boan - SLED and exchanged cards.

9/6/15- spoke to Justin Gudvangen Nurse supervisor for Kirkland GPH, he was asking if I knew how Rachel was doing.

9/7/15- Rachel called out for her shift.

9/8/15- Rachel called and wanted to know how Medustrial could help her. I told her I would have to consult with corporate.

9/9/15- Tom and I had a phone conference with Rachel. Rachel did not allow Tom to finish going over the options for assistance. She kept saying since Tom said she was an independent contractor that's all she needed to hear-her perception that we were not going to assist her. She hung up on us.

9/10- Spoke to Rachel to try to finish with options of assistance for her. I mentioned option 1 placement at a low key easy facility- she said she isn't going to work as a nurse she doesn't trust her nursing skills since she is very shaky. I mentioned option 2 of coming to assist in the office whenever she wanted to correcting papers, filing; she said she hadn't done filing since she was 15 yrs old. Then asked how much it paid, I told her I didn't know, her reply was then "why did you call me if you ain't going to have all the information." She also said if we wanted to speak to her it would have to be with her counsel(or)? She hung up on me. Rachel did not allow me to discuss the assistance with medical bills. I tried calling Rachel back after consulting with Tom. No reply

9/11/15- I sent her 3 text 8:36, 9:58 & 3:51 messages asking her to contact Tom for clarification of what could be done to assist her. No reply

9/14/15- I Called Justin Gudvangen to follow up regarding incident report.

9/15/15 - Justin Gudvangen called back, he filled me in on what happened the day of the hostage situation.

9/16/15- S/A Boan with SLED called me. Rachel had not been in contact with them or made her statement yet. He was calling to see if I could assist in getting her to go make her statement. He said she was being uncooperative. She had been set up for Victims Assistance but could not proceed until they received her statement.

Condustral 00171

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327

I called Rachel @2:40 left vm
I called for Lt McLaughlin left vm

9/17/15-I called Rachel @1:09 left a vm

Justin Gudvangen called me to check on status of Rachel. I let him know I haven't been able to speak to her and she's not returning my calls to please ask her to call me if he does speak to her. Justin also informed me the Warden at Kirkland was trying to submit Rachel's application for Correctional Peace Officers Program since she didn't have any benefits. I did let Justin know we are trying to assist Rachel but she doesn't want to hear us out.

9/18/15-I sent Rachel a text message 9:41 and called her 2:35 left her a vm

9/22/15-Spoke to Lt. McLaughlin workers compensation coordinator for SCDC- He wanted to inform me he does Hostage training and is OSHA certified if we were in need of his services.

Spoke to S/A Boan with SLED -Rachel submitted a statement last week. He hasn't had an opportunity to review it but was told it was lengthy.
Spoke to Gina Lopez one of our LPNs at SCDC she was told that Medustrial is not doing anything to help Rachel Turner and she wanted to know if that was true. I told her it was not true that we were trying to help Rachel but hadn't wanted to hear out the options she had been offered and that was all I could say.

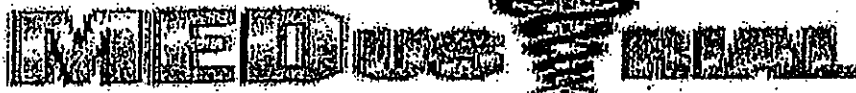
9/23/15-I received a call from Lt McLaughlin at SCDC he said Rachel Turner was not doing well. Ms. Smith a nurse supervisor at Broad River SCDC went to see her today. She said Rachel is not bathing, eating or simply taking care of herself. Lt McLaughlin recommended we call law enforcement to pick her up for observation. I called Lexington County Sheriff Dept and they told me they would transfer me and to request a welfare check on her; I asked to remain anonymous, I didn't want Rachel to get mad and not speak to us. Melissa at the Sheriff Dept took the information as well as my call back number. Deputy Westbury called back 5:31, he said he spoke to Rachel Turner and asked her a few questions, she assured him that she was not going to do harm to herself or any one else. She was upset that she was trying to get counseling and was not getting any help; he asked her if she needed EMS to take her to get counseling, she declined. She asked the deputy who had placed the call.

Matt Harper SCDC facility nurse supervisor just called. He asked me what we were doing to assist Rachel Turner, he was asked to get the information to report to his Regional supervisors. I told Mr. Harper that we were trying to assist her but it had to be in the scope of how we operate since our nurses are independent contractors. I explained the options we have been trying to offer Rachel. Assignment at a low key facility, light duty here at the office- filing, test grading and we would work with her to help her in getting medical bills paid. Matt Harper mentioned that a lot of people, nurses were looking at Medustrial right now to see what we were going to do. That it could make the difference between nurses signing on with us or going to another agency to work.

Condustrail 00172

9/24/15-called Rachel Turner left her a vm. I spoke to Rachel and read to her the options for assistance over the phone. I told her I had a typed letter with the information and could drop it off to her. I asked her if it was ok to go over, she went silent then said "I'll see you later." Matt and I went to see Rachel, we spoke to her outside her door for about 15 minutes or so. In my opinion she didn't look as bad as it was presented by Ms. Smith. She looked clean, looked like she had eaten. She mentioned she hadn't gotten the counseling and she really needed that. She said everything is red tape. I asked her what she needed she said workers comp, she needed to pay her bills, that she's always been the income earner and now she doesn't feel she can do that. I again asked her what she needed and she stated "to keep her lights on, pay her bills, her car, her house, to not be homeless". I reiterated to her that because she is a 1099 we don't have workers comp available so we have to try something else. I asked her to make a list of her needs so I can send them to corporate. I asked her to please read the letter it had the options I mentioned over the phone; to keep me posted and to give me her medical bills that I would forward them to corporate.

Condustral 00173



Ms. Rachel Turner, LPN
135-A Villas Court
Columbia, SC 29170

September 24, 2015

Dear Ms. Turner:

First of all, please allow Medustrial to extend our deepest sympathies and heartfelt prayers for your well-being and recovery in light of the recent events at SCDC. We are concerned for your well-being and would like to extend the following as ways that we might assist you during this time:

- In order to expedite your return to work, we would be like to place you in a low-key nursing home or a special needs facility;
- We would like to extend an offer to come work in the office and assist with minor filing and paperwork needs. You are welcome to set your own schedule in order that you may come and go as you please; pay would be \$15/hour.
- We would like to receive a copy of your medical bills so that we might negotiate on your behalf with the medical companies to mark them down in order to work with you in getting these paid.

Please feel free to contact me at any time with questions or concerns about this situation and with which (or all) of these options that you would prefer to take.

Again, please accept our sympathies, prayers, and well-wishes for your recovery, and thank you for allowing Medustrial to assist you along the way.

Warmest regards,

Lisette Collachi

Lisette Collachi

000022

X

330

State	WorkCompCode	Description	txtRegularPay	OverTime	txtDoubleTime	txtWCTaxable	txtWorkCo
SC	8833	Professional Healthcare	\$20,150.69	\$195.00	\$0.00	\$20,280.68	
SC	8833	Professional Healthcare	\$10,927.83	\$1,178.07	\$0.00	\$11,713.20	
SC	8833	Professional Healthcare	\$28,865.40	\$3,435.56	\$0.00	\$31,155.78	
SC	8833	Professional Healthcare	\$118,580.01	\$31,165.24	\$0.00	\$139,456.85	
SC	8833	Professional Healthcare	\$40,594.24	\$7,568.88	\$0.00	\$45,840.17	
SC	8829	Nursing Home	\$630.00	\$0.00	\$0.00	\$630.00	
SC	8829	Nursing Home	\$21,864.77	\$709.50	\$0.00	\$22,357.77	
SC	8829	Nursing Home	\$74,880.74	\$9,122.63	\$0.00	\$80,942.49	
SC	8829	Nursing Home	\$25,485.97	\$2,009.25	\$0.00	\$27,801.47	

1040 U.S. Individual Income Tax Return (99)		2013	DMS No. 1545-0074	IRS Use Only—Do not write or stamp in this space.																				
For the year Jan. 1–Dec. 31, 2013, or other tax year beginning 2013, ending 20																								
Your first name and initial RACHEL J		Last name TURNER		See separate instructions. Your social security number																				
If a joint return, spouse's first name and initial		Last name		Spouse's social security number																				
Home address (number and street). If you have a P.O. box, see instructions. 135 VILLAS COURT, APT. # A			Apt. no.	Make sure the SSN(s) above and on line 6c are correct.																				
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces 1, 2, 3, 4, and 5 (see instructions). WEST COLUMBIA SC 29170			Presidential Election Campaign Check here if you, or your spouse if filing jointly, want to be on this list. Checking a box below will not change your tax or refund. ☐ Yes ☐ No ☐ Spouse																					
Foreign country name		Foreign province/state/county		Foreign postal code																				
Filing Status: 1 ☐ Single 2 ☐ Married filing jointly (even if only one had income) 3 ☐ Married filing separately. Enter spouse's SSN above and full name here: 4 ☒ Head of household (with qualifying person). (See instr.) If the qualifying person is a child but not your dependent, enter the child's name here. 5 ☐ Qualifying widow(er) with dependent child																								
Exemptions 6a ☒ Yourself. If someone can claim you as a dependent, do not check box 6a b ☐ Spouse																								
c Dependents: <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>(1) First name</th> <th>Last name</th> <th>(2) Dependent's social security number</th> <th>(3) Dependent's relationship to you</th> <th>(4) If child under age 17, qualifying for child tax credit (see instructions)</th> </tr> </thead> <tbody> <tr> <td>OLIANA</td> <td>RICHARD</td> <td></td> <td>Daughter</td> <td></td> </tr> <tr> <td>KYANN</td> <td>RICHARD</td> <td></td> <td>Daughter</td> <td></td> </tr> <tr> <td>JUSTIN</td> <td>RICHARD</td> <td></td> <td>Son</td> <td></td> </tr> </tbody> </table>					(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) If child under age 17, qualifying for child tax credit (see instructions)	OLIANA	RICHARD		Daughter		KYANN	RICHARD		Daughter		JUSTIN	RICHARD		Son	
(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) If child under age 17, qualifying for child tax credit (see instructions)																				
OLIANA	RICHARD		Daughter																					
KYANN	RICHARD		Daughter																					
JUSTIN	RICHARD		Son																					
If more than four dependents, see instructions and check here ☐																								
d Total number of exemptions claimed 4																								
Income 7 Wages, salaries, tips, etc. Attach Form(s) W-2 7 0																								
8a Taxable interest. Attach Schedule B if required 8a 0																								
b Tax-exempt interest. Do not include on line 8a 8b 0																								
9a Ordinary dividends. Attach Schedule B if required 9a 0																								
b Qualified dividends 9b 0																								
10 Taxable refunds, credits, or offsets of state and local income taxes 10 0																								
11 Alimony received 11 0																								
12 Business income or (loss). Attach Schedule C or C-EZ 12 14,083																								
13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐ 13 0																								
14 Other gains or (losses). Attach Form 4797 14 0																								
15a IRA distributions 15a 0																								
b Taxable amount 15b 0																								
16a Pensions and annuities 16a 0																								
b Taxable amount 16b 0																								
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 17 0																								
18 Farm income or (loss). Attach Schedule F 18 0																								
19 Unemployment compensation 19 0																								
20a Social security benefits 20a 0																								
b Taxable amount 20b 0																								
21 Other income. List type and amount 21 0																								
22 Combine the amounts in the far right column for lines 7 through 21. This is your total income 22 14,083																								
Adjusted Gross Income 23 Educator expenses 23 0																								
24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ 24 0																								
25 Health savings account deduction. Attach Form 8889 25 0																								
26 Moving expenses. Attach Form 3903 26 0																								
27 Deductible part of self-employment tax. Attach Schedule SE 27 995																								
28 Self-employed SEP, SIMPLE, and qualified plans 28 0																								
29 Self-employed health insurance deduction 29 0																								
30 Penalty on early withdrawal of savings 30 0																								
31a Alimony paid b Recipient's SSN 31a 0																								
32 IRA deduction 32 0																								
33 Student loan interest deduction 33 0																								
34 Tuition and fees. Attach Form 8817 34 0																								
35 Domestic production activities deduction. Attach Form 8803 35 0																								
36 Add lines 23 through 35 36 995																								
37 Subtract line 36 from line 22. This is your adjusted gross income 37 13,088																								

KIA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form 1040 (2013)

Tax and Credits

Standard Deduction for—

- People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.
- All others:
 - Single or married filing separately, \$5,100
 - Married filing jointly or qualifying widow(er), \$12,200
 - Head of household, \$9,000

38	Amount from line 37 (adjusted gross income)	38	13,088
39a	Check ☐ You were born before January 2, 1949, ☐ Blind. ☐ Spouse was born before January 2, 1949, ☐ Blind. Total boxes checked ☐ 39a		
b	If your spouse itemizes on a separate return or you were a dual-status alien, check here ☐ 39b		
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	8,950
41	Subtract line 40 from line 38	41	4,138
42	Exemptions. If line 38 is \$150,000 or less, multiply \$3,000 by the number on line 4d. Otherwise, see instructions	42	15,600
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	0
44	Tax (see instructions). Check if any from: ☐ Form(s) 9814 ☐ Form 4872 ☐	44	0
45	Alternative minimum tax (see instructions). Attach Form 6251	45	0
46	Add lines 44 and 45	46	0
47	Foreign tax credit. Attach Form 1116 if required	47	0
48	Credit for child and dependent care expenses. Attach Form 2441	48	0
49	Education credits from Form 8863, line 10	49	0
50	Retirement savings contributions credit. Attach Form 8880	50	0
51	Child tax credit. Attach Schedule 8812, if required	51	0
52	Residential energy credit. Attach Form 8869	52	0
53	Other credits from Form(s) ☐ 8800 ☐ 8801 ☐ 8802 ☐ 8803 ☐ 8804 ☐ 8805 ☐ 8806 ☐ 8807 ☐ 8808 ☐ 8809 ☐ 8810 ☐ 8811 ☐ 8812 ☐ 8813 ☐ 8814 ☐ 8815 ☐ 8816 ☐ 8817 ☐ 8818 ☐ 8819 ☐ 8820 ☐ 8821 ☐ 8822 ☐ 8823 ☐ 8824 ☐ 8825 ☐ 8826 ☐ 8827 ☐ 8828 ☐ 8829 ☐ 8830 ☐ 8831 ☐ 8832 ☐ 8833 ☐ 8834 ☐ 8835 ☐ 8836 ☐ 8837 ☐ 8838 ☐ 8839 ☐ 8840 ☐ 8841 ☐ 8842 ☐ 8843 ☐ 8844 ☐ 8845 ☐ 8846 ☐ 8847 ☐ 8848 ☐ 8849 ☐ 8850 ☐ 8851 ☐ 8852 ☐ 8853 ☐ 8854 ☐ 8855 ☐ 8856 ☐ 8857 ☐ 8858 ☐ 8859 ☐ 8860 ☐ 8861 ☐ 8862 ☐ 8863 ☐ 8864 ☐ 8865 ☐ 8866 ☐ 8867 ☐ 8868 ☐ 8869 ☐ 8870 ☐ 8871 ☐ 8872 ☐ 8873 ☐ 8874 ☐ 8875 ☐ 8876 ☐ 8877 ☐ 8878 ☐ 8879 ☐ 8880 ☐ 8881 ☐ 8882 ☐ 8883 ☐ 8884 ☐ 8885 ☐ 8886 ☐ 8887 ☐ 8888 ☐ 8889 ☐ 8890 ☐ 8891 ☐ 8892 ☐ 8893 ☐ 8894 ☐ 8895 ☐ 8896 ☐ 8897 ☐ 8898 ☐ 8899 ☐ 8900 ☐ 8901 ☐ 8902 ☐ 8903 ☐ 8904 ☐ 8905 ☐ 8906 ☐ 8907 ☐ 8908 ☐ 8909 ☐ 8910 ☐ 8911 ☐ 8912 ☐ 8913 ☐ 8914 ☐ 8915 ☐ 8916 ☐ 8917 ☐ 8918 ☐ 8919 ☐ 8920 ☐ 8921 ☐ 8922 ☐ 8923 ☐ 8924 ☐ 8925 ☐ 8926 ☐ 8927 ☐ 8928 ☐ 8929 ☐ 8930 ☐ 8931 ☐ 8932 ☐ 8933 ☐ 8934 ☐ 8935 ☐ 8936 ☐ 8937 ☐ 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9081 ☐ 9082 ☐ 9083 ☐ 9084 ☐ 9085 ☐ 9086 ☐ 9087 ☐ 9088 ☐ 9089 ☐ 9090 ☐ 9091 ☐ 9092 ☐ 9093 ☐ 9094 ☐ 9095 ☐ 9096 ☐ 9097 ☐ 9098 ☐ 9099 ☐ 9100 ☐ 9101 ☐ 9102 ☐ 9103 ☐ 9104 ☐ 9105 ☐ 9106 ☐ 9107 ☐ 9108 ☐ 9109 ☐ 9110 ☐ 9111 ☐ 9112 ☐ 9113 ☐ 9114 ☐ 9115 ☐ 9116 ☐ 9117 ☐ 9118 ☐ 9119 ☐ 9120 ☐ 9121 ☐ 9122 ☐ 9123 ☐ 9124 ☐ 9125 ☐ 9126 ☐ 9127 ☐ 9128 ☐ 9129 ☐ 9130 ☐ 9131 ☐ 9132 ☐ 9133 ☐ 9134 ☐ 9135 ☐ 9136 ☐ 9137 ☐ 9138 ☐ 9139 ☐ 9140 ☐ 9141 ☐ 9142 ☐ 9143 ☐ 9144 ☐ 9145 ☐ 9146 ☐ 9147 ☐ 9148 ☐ 9149 ☐ 9150 ☐ 9151 ☐ 9152 ☐ 9153 ☐ 9154 ☐ 9155 ☐ 9156 ☐ 9157 ☐ 9158 ☐ 9159 ☐ 9160 ☐ 9161 ☐ 9162 ☐ 9163 ☐ 9164 ☐ 9165 ☐ 9166 ☐ 9167 ☐ 9168 ☐ 9169 ☐ 9170 ☐ 9171 ☐ 9172 ☐ 9173 ☐ 9174 ☐ 9175 ☐ 9176 ☐ 9177 ☐ 9178 ☐ 9179 ☐ 9180 ☐ 9181 ☐ 9182 ☐ 9183 ☐ 9184 ☐ 9185 ☐ 9186 ☐ 9187 ☐ 9188 ☐ 9189 ☐ 9190 ☐ 9191 ☐ 9192 ☐ 9193 ☐ 9194 ☐ 9195 ☐ 9196 ☐ 9197 ☐ 9198 ☐ 9199 ☐ 9200 ☐ 9201 ☐ 9202 ☐ 9203 ☐ 9204 ☐ 9205 ☐ 9206 ☐ 9207 ☐ 9208 ☐ 9209 ☐ 9210 ☐ 9211 ☐ 9212 ☐ 9213 ☐ 9214 ☐ 9215 ☐ 9216 ☐ 9217 ☐ 9218 ☐ 9219 ☐ 9220 ☐ 9221 ☐ 9222 ☐ 9223 ☐ 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9653 ☐ 9654 ☐ 9655 ☐ 9656 ☐ 9657 ☐ 9658 ☐ 9659 ☐ 9660 ☐ 9661 ☐ 9662 ☐ 9663 ☐ 9664 ☐ 9665 ☐ 9666 ☐ 9667 ☐ 9668 ☐ 9669 ☐ 9670 ☐ 9671 ☐ 9672 ☐ 9673 ☐ 9674 ☐ 9675 ☐ 9676 ☐ 9677 ☐ 9678 ☐ 9679 ☐ 9680 ☐ 9681 ☐ 9682 ☐ 9683 ☐ 9684 ☐ 9685 ☐ 9686 ☐ 9687 ☐ 9688 ☐ 9689 ☐ 9690 ☐ 9691 ☐ 9692 ☐ 9693 ☐ 9694 ☐ 9695 ☐ 9696 ☐ 9697 ☐ 9698 ☐ 9699 ☐ 9700 ☐ 9701 ☐ 9702 ☐ 9703 ☐ 9704 ☐ 9705 ☐ 9706 ☐ 9707 ☐ 9708 ☐ 9709 ☐ 9710 ☐ 9711 ☐ 9712 ☐ 9713 ☐ 9714 ☐ 9715 ☐ 9716 ☐ 9717 ☐ 9718 ☐ 9719 ☐ 9720 ☐ 9721 ☐ 9722 ☐ 9723 ☐ 9724 ☐ 9725 ☐ 9726 ☐ 9727 ☐ 9728 ☐ 9729 ☐ 9730 ☐ 9731 ☐ 9732 ☐ 9733 ☐ 9734 ☐ 9735 ☐ 9736 ☐ 9737 ☐ 9738 ☐ 9739 ☐ 9740 ☐ 9741 ☐ 9742 ☐ 9743 ☐ 9744 ☐ 9745 ☐ 9746 ☐ 9747 ☐ 9748 ☐ 9749 ☐ 9750 ☐ 9751 ☐ 9752 ☐ 9753 ☐ 9754 ☐ 9755 ☐ 9756 ☐ 9757 ☐ 9758 ☐ 9759 ☐ 9760 ☐ 9761 ☐ 9762 ☐ 9763 ☐ 9764 ☐ 9765 ☐ 9766 ☐ 9767 ☐ 9768 ☐ 9769 ☐ 9770 ☐ 9771 ☐ 9772 ☐ 9773 ☐ 9774 ☐ 9775 ☐ 9776 ☐ 9777 ☐ 9778 ☐ 9779 ☐ 9780 ☐ 9781 ☐ 9782 ☐ 9783 ☐ 9784 ☐ 9785 ☐ 9786 ☐ 9787 ☐ 9788 ☐ 9789 ☐ 9790 ☐ 9791 ☐ 9792 ☐ 9793 ☐ 9794 ☐ 9795 ☐ 9796 ☐ 9797 ☐ 9798 ☐ 9799 ☐ 9800 <		

SCHEDULE C
(Form 1040)

Department of the Treasury
Internal Revenue Service (90)

Profit or Loss From Business
(Sole Proprietorship)

For information on Schedule C and its instructions, go to www.irs.gov/schedulec.
Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074

2013

Attachment Sequence No. 09

Name of proprietor
RACHEL J. TURNER

A Principal business or profession, including product or service (see instructions)
LPN NURSING CONTRACTOR

C Business name, if no separate business name, (owner/client)
RACHEL J. TURNER

E Business address (including suite or room no.), City, town or post office, state, and ZIP code
**135 VILLAS COURT, APT. 3 A
WEST COLUMBIA SC 29170**

F Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) _____

G Did you "materially participate" in the operation of this business during 2013? If "No," see instructions for limit on losses ☒ Yes ☐ No

H If you started or acquired this business during 2013, check here ☐ Yes ☒ No

I Did you make any payments in 2013 that would require you to file Form(s) 1099? (see instructions) ☐ Yes ☒ No

J If "Yes," did you or will you file required Form(s) 1099? ☐ Yes ☒ No

(Part I) Income

1 Gross receipts or sales. See instructions for line 1; and check the box if this income was reported to you on form W-2 and the "statutory employee" box on that form was checked.	1	36,404
2 Returns and allowances	2	0
3 Subtract line 2 from line 1	3	36,404
4 Cost of goods sold (from line 42)	4	0
5 Gross profit. Subtract line 4 from line 3	5	36,404
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	0
7 Gross income. Add lines 5 and 6	7	36,404

(Part II) Expenses

Enter expenses for business use of your home only on line 30.

8 Advertising	8		18 Office expense (see instructions)	18	289
9 Car and truck expense (see instructions)	9	8,407	19 Pension and profit-sharing plans	19	
10 Commissions and fees	10		20 Rent or lease (see instructions):	20	0
11 Contract labor (see instructions)	11		a. Vehicles, machinery, and equipment	20a	
12 Depletion	12		b. Other business property	20b	
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13	0	21 Repairs and maintenance	21	1,420
14 Employee benefit programs (other than on line 10)	14		22 Supplies (not included in Part III)	22	2,260
15 Insurance (other than health)	15	2,840	23 Taxes and licenses	23	568
16 Interest:	16		24 Travel, meals, and entertainment:	24	
a. Mortgage (paid to banks, etc.)	16a		a. Travel	24a	
b. Other	16b		b. Deductible meals and entertainment (see instructions)	24b	1,664
17 Legal and professional services	17	400	25 Utilities	25	1,879
28 Total expenses before expenses for business use of home. Add lines 8 through 27a	28		26 Wages (less employment credits)	26	
29 Tentative profit or (loss). Subtract line 28 from line 7	29		27a Other expenses (from line 48)	27a	2,594
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829, unless using the simplified method (see instructions). Simplified method filers only: enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____ If using the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30	0	27b Reserved for future use	27b	
31 Net profit or (loss). Subtract line 30 from line 28.	31	14,083	28	28	22,321
a. If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2. (If you checked this box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3.			29	29	14,083
b. If a loss, you must go to line 32.					
32 If you have a loss, check the box that describes your investment in this activity (see instructions). If you checked 32a, enter the loss on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2. (If you checked this box on line 1, see the line 31 instructions). If a loss and you checked 32b, you must attach Form 6198. Your loss may be limited.			32a ☒ All investment is at risk.	32a	
			32b ☐ Some investment is not at risk.	32b	

KIA For Paperwork Reduction Act Notice, see the separate instructions.

Schedule C (Form 1040) 2013

Part III Cost of Goods Sold (see instructions)33 Method(s) used to value closing inventory: ☒ a Cost ☐ b Lower of cost or market ☐ c Other (attach explanation)34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory? ☐ Yes ☐ No
If "Yes," attach explanation

35 Inventory at beginning of year. If different from last year's closing inventory, attach explanation 35 1

36 Purchases less cost of items withdrawn for personal use 36

37 Cost of labor. Do not include any amounts paid to yourself 37

38 Materials and supplies 38

39 Other costs 39

40 Add lines 35 through 39 40 0

41 Inventory at end of year 41

42 Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4 42 0

Part IV Information on Your Vehicle. Complete this part only if you are claiming car or truck expenses on line 9 and are not required to file Form 4582 for this business. See the instructions for line 9 to find out if you must file Form 4582.

43 When did you place your vehicle in service for business purposes? (month, day, year) 01/01/13

44 Of the total number of miles you drove your vehicle during 2013, enter the number of miles you used your vehicle for

a Business 14,860 b Commuting (see instructions) c Other

45 Was your vehicle available for personal use during off-duty hours? ☒ Yes ☐ No46 Do you (or your spouse) have another vehicle available for personal use? ☒ Yes ☐ No47a Do you have evidence to support your deduction? ☒ Yes ☐ Nob If "Yes," is the evidence written? ☒ Yes ☐ No**Part V Other Expenses.** List below business expenses not included on lines 2-26 or line 30.

INTERNET / CABLE SERVICE FEES PAID (REQUIRED) 1,259

NURSING UNIFORMS & SHOES PURCHASED 1,335

48 Total other expenses. Enter here and on line 27a 48 2,594

KIA

Schedule C (Form 1040) 2013

Part IV Information on Your Vehicle. Complete this part only if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

- 43 When did you place your vehicle in service for business purposes? (month, day, year) ▶ _____
- 44 Of the total number of miles you drove your vehicle during 2013, enter the number of miles you used your vehicle for:
- a. Business _____ b. Commuting (see instructions) _____ c. Other _____
- 45 Was your vehicle available for personal use during off-duty hours? ☐ Yes ☐ No
- 46 Do you (or your spouse) have another vehicle available for personal use? ☐ Yes ☐ No
- 47a Do you have evidence to support your deduction? ☐ Yes ☐ No
- b If "Yes," is the evidence written? ☐ Yes ☐ No

Part IV Information on Your Vehicle. Complete this part only if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

- 43 When did you place your vehicle in service for business purposes? (month, day, year) ▶ _____
- 44 Of the total number of miles you drove your vehicle during 2013, enter the number of miles you used your vehicle for:
- a. Business _____ b. Commuting (see instructions) _____ c. Other _____
- 45 Was your vehicle available for personal use during off-duty hours? ☐ Yes ☐ No
- 46 Do you (or your spouse) have another vehicle available for personal use? ☐ Yes ☐ No
- 47a Do you have evidence to support your deduction? ☐ Yes ☐ No
- b If "Yes," is the evidence written? ☐ Yes ☐ No

Part IV Information on Your Vehicle. Complete this part only if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

- 43 When did you place your vehicle in service for business purposes? (month, day, year) ▶ _____
- 44 Of the total number of miles you drove your vehicle during 2013, enter the number of miles you used your vehicle for:
- a. Business _____ b. Commuting (see instructions) _____ c. Other _____
- 45 Was your vehicle available for personal use during off-duty hours? ☐ Yes ☐ No
- 46 Do you (or your spouse) have another vehicle available for personal use? ☐ Yes ☐ No
- 47a Do you have evidence to support your deduction? ☐ Yes ☐ No
- b If "Yes," is the evidence written? ☐ Yes ☐ No

SCHEDULE EIC
(Form 1040A or 1040)

Earned Income Credit
Qualifying Child Information

DAB No. 1545-0074

2013

Attachment
Sequence No. 43

Department of the Treasury
Internal Revenue Service (DIT)

Complete and attach to Form 1040A or 1040 only if you have a qualifying child.
For information about the EIC (Form 1040A or 1040) and the instructions, go to www.irs.gov/efile.

EIC

Name(s) shown on return: **RACHEL J. TURNER**

Before you begin:

- See the instructions for Form 1040A, lines 38a and 38b, or Form 1040, lines 44a and 44b, to make sure that a) you are eligible for the EIC, b) you have a qualifying child.
- Be sure the child's name on line 1 and social security number (SSN) on line 2 agree with the child's social security card. Otherwise, at the time we process your return, we may reduce or disallow your EIC. If the name or SSN on the child's social security card is not correct, call the Social Security Administration at 1-800-772-6272.

If you take the EIC even though you are not eligible, you may not be allowed to take the credit for 10 years. See the instructions for details.

CAUTION

It will take us longer to process your return and issue your refund if you do not fill in all the information that applies for each qualifying child.

Qualifying Child Information

	Child 1	Child 2	Child 3
1 Child's name If you have more than one qualifying child, you may have to list three to get the maximum credit.	QIANA RICHARD	KYANN RICHARD	JUSTIN RICHARD
2 Child's SSN The child must have an SSN as defined in the instructions for Form 1040A, line 38a and 38b, or Form 1040, lines 44a and 44b, unless the child was born and died in 2013. If your child was born and died in 2013 and did not have an SSN, enter "Died" on this line and attach a copy of the child's birth certificate, death certificate, or hospital medical records.	019-80-2174	249-99-2336	257-67-5727
3 Child's year of birth	1995 Yes ☒ No ☐ If born after 1995 and the child was not a U.S. citizen, alien, or naturalized citizen, go to line 5.	1996 Yes ☒ No ☐ If born after 1995 and the child was not a U.S. citizen, alien, or naturalized citizen, go to line 5.	1991 Yes ☒ No ☐ If born after 1995 and the child was not a U.S. citizen, alien, or naturalized citizen, go to line 5.
4a Was the child under age 21 at the end of 2013, a student, and younger than you (or your spouse, if filing jointly)?	☐ Yes ☒ No Go to line 5. Go to line 5b.	☐ Yes ☒ No Go to line 5. Go to line 4b.	☒ Yes ☐ No Go to line 5. Go to line 4b.
b Was the child permanently and totally disabled during any part of 2013?	☐ Yes ☒ No Go to line 5. The child is not a qualifying child.	☐ Yes ☒ No Go to line 5. The child is not a qualifying child.	☐ Yes ☒ No Go to line 5. The child is not a qualifying child.
5 Child's relationship to you (for example, son, daughter, grandchild, niece, nephew, foster child, etc.)	1. son	1. daughter	son
6 Number of months child lived with you in the United States during 2013 • If the child lived with you for more than half of 2013 but less than 7 months, enter "7." • If the child was born or died in 2013 and your home was the child's home for more than half the time he or she was alive during 2013, enter "12."	12 months Do not enter more than 12 months.	12 months Do not enter more than 12 months.	12 months Do not enter more than 12 months.

KIA For Paperwork Reduction Act Notice, see your tax return instructions.

Get online EIC (Form 1040A or 1040) 2013

SCHEDULE SE
(Form 1040)

Self-Employment Tax

OMB No. 1545-0074

2013

Attachment
Sequence No. 17

Department of the Treasury
Internal Revenue Service

Name of person with self-employment income for 2013 (see instructions for Form 1040)

RACH31

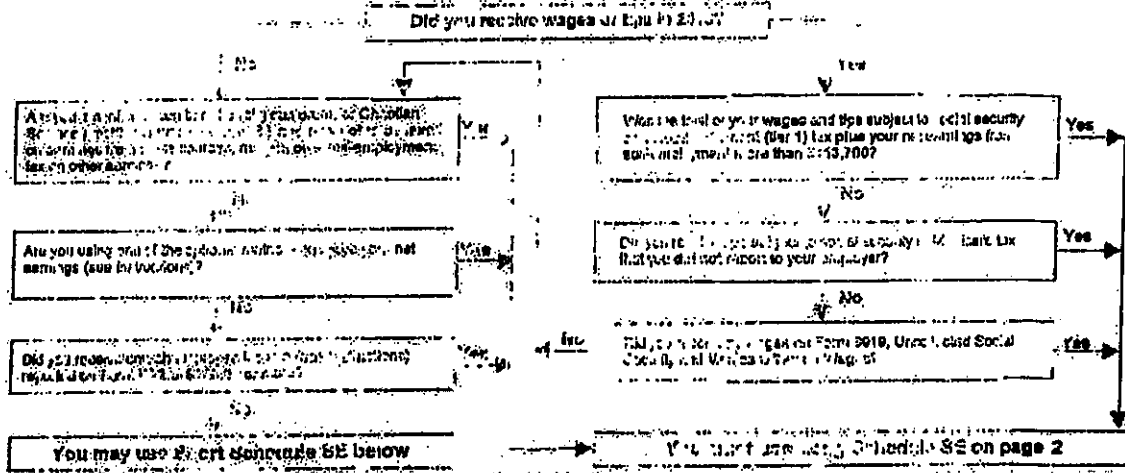
Self-employment income for 2013

Self-employment number of person
with self-employment income for 2013

Before you begin: To determine if you must file Schedule SE, see the instructions.

May I Use Short Schedule SE or Must I Use Long Schedule SE?

Note. Use this flowchart only if you must file Schedule SE in 2013. See **Who Must File Schedule SE** in the instructions.



Section 1—Short Schedule SE. Caution. Read above to see if you can use Short Schedule SE.

1a Net farm profit or loss from Schedule F, and farm partnerships, Schedule K-1 (Form 1065), box 14, code 1	0
b If you received Social Security retirement or disability benefits, or tier 1 Railroad Retirement Program payments, see instructions for Schedule F, line 4b, or Schedule K-1 (Form 1065), box 20, or 20c	0
2 Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 9; Schedule K-1 (Form 1065), box 14, code 1 (other than farming); and Schedule K-1 (Form 1065-EZ) box 14, code 1. Minus: net profit or (loss) from other businesses, see instructions for type of income to report on this line. See instructions for other income to report	14,083
3 Combine lines 1a and 2	14,083
4 Multiply line 3 by 12.35% (15.3% if less than \$4,000; you do not owe self-employment tax, but you must file this schedule unless you have an amount on line 1b) Note. If line 4 is less than \$400 due to Conservation Reserve Program payment, enter 0 on this line.	13,006
5 Self-employment tax. This amount on line 4 is: a. \$13,700 or less: multiply line 4 by 9.3% (11.3% if less than \$4,000) (Form 1040, line 58, or Form 1040-EZ, line 5). b. More than \$13,700: multiply line 4 by 2.9% (5.9% if less than \$4,000) (Form 1040, line 58, or Form 1040-EZ, line 5). Enter the result on line 5 and line 58, or Form 1040-EZ, line 5.	1,990
6 Deduction for one-half of self-employment tax. Multiply line 5 by 50% (50%). Enter the result here, and on Form 1040, line 27, or Form 1040-EZ, line 37.	995
KIA For Part 3, see instructions for line 13. For Part 4, see instructions for line 14.	

Par: **Sch. Encl-v**

A If you are a member, member of a religious order, or Christian Science practitioner and you filed Form 1020, but you had \$500 or more of health insurance premiums paid for yourself, your spouse, or dependent child, or for your

- [illegible]

Form 990-BE must be filed by the end of the 90th day after the close of the taxable year. If the corporation has more than \$1,000 of foreign income, it must file Form 990-BE even if it has no U.S. income.

- [illegible]

¹ From 80-1-1967 to 80-1-1968. See also 80-1-1968.

[illegible]

SCHEDULE 8812
(Form 1040A or 1040)

Child Tax Credit

OMB No. 1545-0074

2013

▶ Attach to Form 1040, Form 1040A or Form 1040NR.
For information about Schedule 8812 and its separate instructions is at
www.irs.gov/schedule8812

Department of the Treasury
Internal Revenue Service

AMERICAN
SINGLE No. 47

Name(s) shown on return
RACHEL

J 4 31 2013

Part I Filers Who Have Certain Child Dependent(s) with an ITIN (Individual Taxpayer Identification Number)

Complete this part only for each dependent who has an ITIN and for whom you are claiming the child tax credit.
If your dependent does not qualify for the credit, you cannot include that dependent in the calculation of this credit.

Answer the following questions for each dependent listed on Form 1040, Line 5c; Form 1040A, line 6c; or Form 1040NR, line 7c, who has an ITIN (individual taxpayer identification number) and that you selected questions for the child tax credit by checking "Yes" on (4) for that dependent.

- A** For the first dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions.
☐ Yes ☐ No
- B** For the second dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions.
☒ Yes ☐ No
- C** For the third dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions.
☐ Yes ☐ No
- D** For the fourth dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions.
☐ Yes ☐ No

Note: If you have more than four dependents identified with an ITIN and listed as a qualifying child for the child tax credit, see the instructions and get additional forms. ▶ ☐

Part II Additional Child Tax Credit Filers

- 1** 1040 filers: Enter the amount from line 6 of your Child Tax Credit Worksheet (see instructions for Form 1040, line 43).
1040A filers: Enter the amount from line 6 of your Child Tax Credit Worksheet (see the instructions for Form 1040A, line 13).
1040NR filers: Enter the amount from line 6 of your Child Tax Credit Worksheet (see the instructions for Form 1040NR, line 43).
- If you used Pub. 972, enter the amount from line 8 of the Child Tax Credit Worksheet in this publication.
- 2** Enter the amount from line 1 of Form 1040, line 23; or Form 1040A, line 4B; or Form 1040NR, line 10. \$
- 3** Enter the amount from line 2 of Form 1040, line 23; or Form 1040A, line 4B; or Form 1040NR, line 10. \$
- 4a** Earned income (see separate instructions). \$
- b** Annual income (see separate instructions). \$
- 5** Is the amount on line 4a more than \$10,000?
☐ No. Enter line 3 of line 4a and enter on line 6.
☐ Yes. Subtract \$10,000 from line 4a and enter on line 6. Enter the result on line 6.
- 6** Multiply the amount on line 5 by 20%. Enter the result on line 6. Do not include any amount for a child who is not a qualifying child.
☐ No. If line 6 is zero, stop; you cannot take this credit. Otherwise, skip Part III and enter the smaller of line 3 or line 6 on line 13.
☐ Yes. If line 6 is less than line 3, enter the amount from line 6 on line 13. Otherwise, enter line 3.

KIA For Preparation: Signature of Tax Preparer. See your tax preparer's instructions.

Schedule 8812 (Form 1040A or 1040) 2013

Part III **Charitable Deduction for the Year of a Qualifying Child**

- 7** Withheld social security, Medicare, and American Medicare taxes from Form(s) W-2, lines 4, and 6, and Form(s) 1042-S, line 11, including any amounts withheld from your salary for the year of the child's birth.
- 8** **1040 filer:** Enter the amount of the amounts from Form 1040, lines 27 and 28, plus any other amounts that you identified using code "01" on line 27 of the 1040.
- 1040A filer:** Enter the amount of the amounts from Form 1040A, lines 17 and 18, plus any other amounts that you identified using code "01" on line 17 of the 1040A.
- 9** Add lines 7 and 8.
- 10** **1040 filer:** Enter the sum of the amounts from Form 1040, lines 27 and 28, plus any other amounts that you identified using code "01" on line 27 of the 1040.
- 1040A filer:** Enter the sum of the amounts from Form 1040A, lines 17 and 18, plus any other amounts that you identified using code "01" on line 17 of the 1040A.
- 1040NR filer:** Enter the amount from Form 1040NR, line 63.

11 Subtract line 10 from line 9. If zero, enter -0-**12** Enter the larger of line 11 or line 10

Now enter the smaller of line 11 or line 12 on line 13.

Part IV **Additional Child Tax Credit****13** This is your additional child tax credit.

1040
1040A
1040NR

Enter the amount on
line 13 of the 1040, line 63,
line 13 of the 1040A, line 39, or
line 63 of the 1040NR.

Schedule E

Form 1040A or 1040 2012

KIA

1017



STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE
2013 INDIVIDUAL INCOME TAX RETURN

SC 1040
(Rev. 8/2013)
3075

Your social security number	Check if deceased ☐
Spouse's social security number	Check if deceased ☐

**DO NOT USE THIS FORM TO FILE A
CORRECTED RETURN. SEE SC1040
INSTRUCTIONS FOR ADDITIONAL
INFORMATION.**

For the year January 1 - December 31, 2013, or fiscal tax year beginning		2013 and ending		2014	
First your first name and initial RACHEL J			Last name TURNER		Suff.
Spouse's first name, if married filing jointly			Last name		
Check if new address ☐	Mailing address (number and street, Apt. no or P. O. Box) Foreign address, see instructions				County code
	135 VILLAS COURT, APT. # A				32
City WEST COLUMBIA		State SC	Zip 29170	Area Code Daytime telephone 707-803-1963	
Check if address is outside US ☐	Foreign country address including Postal code (see instructions)				
Check this box if you are filing SC Schedule NR (Part year/nonresident)					
Check this box ONLY if filing a composite return on behalf of the nonresident partner/shareholders of a partnership or "S" corporation					
Check this box if you have filed a federal or state extension					
Check this box if you served in a Military COMBAT ZONE during the filing period					
Enter the name of the combat zone:					
Check this box if this return is affected by a federally declared DISASTER AREA					
Enter the name of the disaster area:					
CHECK YOUR FEDERAL FILING STATUS (1) ☐ Single (3) ☐ Married filing separately. Enter spouse's SSN here: _____ (2) ☐ Married filing jointly (4) ☒ Head-of-household (5) ☐ Widow(er) with dependent child					

Federal Exemptions

Enter the number of exemptions from your 2013 federal return: **4**
 Enter the number of exemptions listed above that were under the age of 6 years on December 31, 2013: **0**
 Enter the number of taxpayers age 65 or older, as of December 31, 2013: **0**

Dependents:

First name	Last name	Social security number	Relationship	Date of birth (MM/DD/YYYY)
OTANA	RICHARD		Daughter	
KYANN	RICHARD		Daughter	
JUSTIN	RICHARD		Son	

30751028

**INCOME AND ADJUSTMENTS**

2013

1 Enter federal taxable income from your federal form. If zero or less, enter zero here.

Dollars

0 00

Nonresident filers complete Schedule NR and enter total from line 50 on line 5 below

ADDITIONS TO FEDERAL TAXABLE INCOME

a	State tax addback, if itemizing on federal return (See instructions)	00
b	Out-of-state losses (See instructions) Check type of loss: ☐ Rental ☐ Business ☐ Other	00
c	Expenses related to National Guard and Military Reserve income	00
d	Interest income on obligations of states and political subdivisions other than South Carolina	0 00
e	Other additions to income. Attach an explanation (See instructions)	0 00
2	Add lines a through e and enter the total here. These are your total additions	0 00
3	Add lines 1 and 2 and enter total here	0 00

SUBTRACTIONS FROM FEDERAL TAXABLE INCOME

f	State tax refund, if included on your federal return	0 00
g	Total and permanent disability retirement income, if taxed on your federal return	00
h	Out-of-state income/gain - Do not include personal service income (See instructions) Check type of income/gain: ☐ Rental ☐ Business ☐ Other	00
i	44% of net capital gains held for more than one year (See instructions)	00
j	Volunteer deductions (See instructions) Check type of deduction: ☐ Firefighter ☐ HazMat ☐ Rescue Squad ☐ DNR ☐ Reserve Police ☐ Other	00
k	Contributions to the SC College Investment Program ("Future Scholar") or the SC Tuition Prepayment Program (See instructions)	00
l	Active Trade or Business Income deduction (See instructions)	00
m	Interest income from obligations of the US government	0 00
n	Certain nontaxable National Guard or Reserve Pay (See instructions)	00
o	Social security and/or railroad retirement, if taxed on your federal return	0 00
p	Caution: Retirement Deduction (See instructions) p-1 Taxpayer: date of birth	00
p-2	Spouse: date of birth	00
p-3	Surviving spouse #1: date of birth of deceased spouse	00
p-4	Surviving spouse #2: date of birth of deceased spouse	00
q	Age 65 and older deduction (See instructions) q-1 Taxpayer: date of birth	00
q-2	Spouse: date of birth	00
r	Negative amount of federal taxable income	11,462 00
s	Substance allowance 0 days @ \$8.00	0 00
t	Dependents under the age of 6 years on December 31 of the tax year	00
u	Consumer Protection Services	0 00
v	Other subtractions (See instructions)	0 00
4	Add lines f through v and enter here. These are your total subtractions	11,462 00
5	Residents subtract line 4 from line 3 and enter the difference. Nonresidents enter amount from Schedule NR, line 50. If less than zero, enter zero here. This is your South Carolina INCOME SUBJECT TO TAX	0 00
6	TAX: enter tax from SOUTH CAROLINA tax tables	0 00
7	TAX on Lump Sum Distribution (Attach SC4872)	00
8	TAX on Active Trade or Business Income (Attach I-335)	00
9	TAX on excess withdrawals from Catastrophe Savings Accounts	0 00
10	Add lines 6 through 9 and enter the total here. This is your TOTAL SOUTH CAROLINA TAX	0 00
11	Child and Dependent Care (See instructions)	0 00
12	Two Wage Easier Credit (See instructions)	00
13	Other non-refundable credits. Attach SC1040TC and other state return(s)	0 00
14	TOTAL non-refundable credits. Add lines 11 through 13 and enter the total here	0 00
15	SUBTRACT line 14 from line 10. Enter the difference BUT NOT LESS THAN ZERO here	0 00

30752026

2013

PAYMENTS AND REFUNDABLE CREDITS

16 SC INCOME TAX WITHHELD (Attach W-2 or SC-41)	0.00	20 Other SC withholding (Attach Form 1099)	0.00
17 2013 estimated tax payments	0.00	21 Tuition tax credit (Attach I-310)	0.00
18 Amount paid with extension	0.00	22 Other refundable credit(s)	0.00
19 NR sale of real estate	0.00		

Check type: ☐ Anhydrous Ammonia (Attach I-333)
☐ Milk Credit (Attach I-334)
☐ Classroom Teacher Expenses (Attach I-335)

23 Add lines 16 through 22 and enter the total here. These are your TOTAL PAYMENTS 23 0.00

24 If line 23 is LARGER than line 15, subtract line 15 from line 23 and enter the OVERPAYMENT. 24 0.00

25 If line 15 is LARGER than line 23, subtract line 23 from line 15 and enter the AMOUNT DUE 25 0.00

26 USE TAX: (See instructions) 26 0.00

27 Amount of line 24 to be credited to your 2014 Estimated Tax 27 0.00

28 Total Contributions for Check-offs (Attach I-330) 28 0.00

29 Add lines 26 through 28 and enter the total here. 29 0.00

30 If line 29 is larger than line 24, go to line 31. Otherwise, subtract line 29 from line 24 and enter the AMOUNT TO BE REFUNDED TO YOU (line 30a check box entry is required) REFUND 30 0.00

REFUND OPTIONS (subject to program limitations)

30a Mark one refund choice: ☐ Direct Deposit (SC required) ☐ Debit Card ☐ Paper Check

*SCDOR Income Tax Refund Prepaid Debit Card issued by Bank of America

30b Direct Deposit (for US Accounts Only) Type: ☐ Checking ☐ Savings

Routing Number (RTN) _____ Must be 9 digits. The first two numbers of the RTN must be 01 through 12 or 21 through 32

Bank Account Number (BAN) _____ 1-17 digits

31 Tax Due: Add lines 25 and 29. If line 29 is larger than line 24, subtract line 24 from line 29 and enter the amount. 31 0.00

32 Late filing and/or late payment: Penalties Interest (See instructions) Enter total here 32 0.00

33 Penalty for Underpayment of Estimated Tax (Attach SC2210) Exception to Underpayment of Estimated Tax 33 0.00

34 Add lines 31 through 33 and enter the AMOUNT YOU OWE here BALANCE DUE 34 0.00

Pay electronically free of charge at www.scdor.org. Click on **DOITaxPay** and pay with Visa, MasterCard or by Electronic Funds Withdrawal (EFW) or include SC1040-V with your check or money order for the full amount payable to "SC Department of Revenue". Write your social security number and "2013 SC1040" on the payment.

Go Paperless! SCDOR will offer the option to receive your Form 1099-G/NT electronically instead of receiving it in the mail. Form 1099-G/NT is used when preparing your federal tax return.

Check here and enter your email address if you wish to receive information about obtaining your 1099-G/NT Income Tax Refund statement electronically.	Email Address

I declare that this return and all attachments are true, correct and complete to the best of my knowledge and belief.

Your Signature	Date	Spouse's signature (if married filing jointly, BOTH must sign)
	12/10/14	

I authorize the Director of the Department of Revenue or delegate to discuss this return, attachments and related tax matters with the preparer.	Yes ☐ No ☐	Preparer's printed name

If prepared by a person other than taxpayer, his declaration is based on all information of which he has any knowledge.

Paid Preparer's signature	Date	Check if self-employed	PTIN
<i>Eugenia G. Washington</i>	12/10/20	☐	P01718992
Firm name (or yours if self-employed) and address and Zip Code	FEIN		
1195 SE Matthews Ave. PMB 139	46-3807854		
	Phone No. 803-974-02		

MAIL TO:

REFUNDS OR ZERO TAX

BALANCE DUE

Transburg, SC 29115 PFD FOR 46-3807854

SC 1040 Processing Center, PO Box 101100, Columbia, SC 29211-0100

Taxable Processing Center, PO Box 101105, Columbia, SC 29211-0105

30753024

7575

☐ VOID☐ CORRECTED

PAYER'S name, street address, city or town, province or state, country, ZIP or foreign postal code, and telephone no. 514 E. North Street Greenville, SC 29601 US		1 Rents \$	OMB No. 1545-0115 2013 Form 1099-MISC	Miscellaneous Income
2 Royalties \$		3 Other income \$		
4 Federal income tax withheld \$		5 Medical and health care payments \$		
PAYER'S federal identification number 783057710	RECIPIENT'S identification number 847716381	6 Fishing boat proceeds \$	7 Nonemployee compensation \$ 338,463.00	8 Dividends, payments by trust, or interest \$
RECIPIENT'S name Rachel Turner		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale ☐	10 Crop insurance proceeds \$	Copy A For Internal Revenue Service Center File with Form 1099. For Privacy Act and Paperwork Reduction Act Notice, see the 2013 General Instructions for Certain Information Returns.
Street address (including apt. no.) 188 Villas Court SA		11 Foreign tax paid \$	12 Foreign source of U.S. proceeds \$	
City or town, province or state, country, and ZIP or foreign postal code W. Columbia, SC 29170		13 Excess golden parachute payments \$	14 Gross proceeds paid to an attorney \$	
Account number (see instructions)	and TIN not ☐	15 State tax withheld \$	17 State/Payer's state no. SC-847716381	
18a Section 406A deferrals \$	18b Section 406A income \$	19 State income \$ 338,463.00		

Form 1099-MISC

18-0851880

www.irs.gov/form1099misc

Department of the Treasury - Internal Revenue Service

1040 U.S. Individual Income Tax Return 2014

Department of the Treasury—Internal Revenue Service

(99)

OMB No. 1545-0047

IRS Use Only—Do not write or stamp in this space.

For the year Jan. 1–Dec. 31, 2014, or other tax year beginning

2014, ending

20

See separate instructions.

Your first name and initial

RACHEL J

Last name

TURNER

Your social security number

If a joint return, spouse's first name and initial

Last name

Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions.

135 VILLAS COURT

Apt. no.

A

Make sure the SSN(s) above and on line 30 are correct.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete special below (see instructions).

WEST COLUMBIA

SC 29170

Presidential Election Campaign
Check box if you, or your spouse if filing jointly, want to go on this line. Checking a box below will not affect your tax.
☐ Yes ☐ No

Foreign country name

Foreign province/state/country

Foreign postal code

Filing Status

1 ☐ Single

2 ☐ Married filing jointly (even if only one had income)

Check only one box

3 ☐ Married filing separately. Enter spouse's SSN above and full name here.

4 ☒ Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here.

5 ☐ Qualifying widow(er) with dependent child

Exemptions

6a ☒ Yourself. If someone can claim you as a dependent, do not check box 6a

b ☐ Spouse

c Dependents:

(1) First name Last name

QUIANA RICHARD

RYAN RICHARD

(2) Dependent's social security number

(3) Dependent's relationship to you

Daughter

Daughter

Number claimed on this and 6b

1

No. of children on the return

2

Did you have any other dependents (see instructions)?

☐ Yes ☐ No

Dependents on 6a not entered above

3

d Total number of exemptions claimed

Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2

8a Taxable interest. Attach Schedule B if required

b Tax-exempt interest. Do not include on line 8a

8a Ordinary dividends. Attach Schedule B if required

b Qualified dividends

10 Taxable refunds, credits, or offsets of state and local income taxes

11 Alimony received

12 Business income or (loss). Attach Schedule C or C-EZ

13 Capital gain or (loss). Attach schedule D if required. If not required, check here

14 Other gains or (losses). Attach Form 4797

15a IRA distributions

15b Taxable amount

16a Pensions and annuities

16b Taxable amount

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E

18 Farm (income or (loss)). Attach Schedule F

19 Unemployment compensation

20a Social security benefits

20b Taxable amount

21 Other income. List type and amount

22 Combine the amounts in the far right column for lines 7 through 21. This is your total income

Adjusted Gross Income

23 Educator expenses

24 Certain business expenses of reservists, performing artists, and fee-based government officials. Attach Form 2106 or 2106-EZ

25 Health savings account deduction. Attach Form 8889

26 Moving expenses. Attach Form 3903

27 Deductible part of self-employment tax. Attach Schedule SE

28 Self-employed SEP, SIMPLE, and qualified plans

29 Self-employed health insurance deduction

30 Penalty on early withdrawal of savings

31a Alimony paid to Recipient's SSN

32 IRA deduction

33 Student loan interest deduction

34 Tuition and fees. Attach Form 8917

35 Domestic production activities deduction. Attach Form 8803

36 Add lines 23 through 35

37 Subtract line 36 from line 22. This is your adjusted gross income

KIA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form 1040 (2014)

Tax and Credits

Standard Deduction for—
 • People who check any box on line 38a or 38b or who can be claimed as a dependent, see instructions.
 • All others:
 Single or Married filing separately, \$6,200
 Married filing jointly or Qualifying widow(er), \$12,400
 Head of household, \$9,300

38	Amount from line 37 (adjusted gross income)	38	15,430
39a	Check ☐ You were born before January 2, 1950, ☐ Blind. Total boxes checked ☐ 39a 0		
39b	If your spouse itemizes on a separate return or you were a dual-status alien, check here ☐ 39b 0		
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	10,167
41	Subtract line 40 from line 38	41	5,263
42	Exemptions. If line 38 is \$152,625 or less, multiply \$3,950 by the number on line 42. Otherwise, see instructions	42	11,850
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	0
44	Tax (see instructions). Check if any from: a ☐ Form(s) 9911 b ☐ Form 9972 c ☐	44	0
45	Alternative minimum tax (see instructions). Attach Form 8861	45	0
46	Excess advance premium tax credit repayment. Attach Form 8962	46	0
47	Add lines 44, 45, and 46	47	0
48	Foreign tax credit. Attach Form 1116 if required	48	0
49	Credit for child and dependent care expenses. Attach Form 2441	49	0
50	Education credits from Form 8863, line 19	50	0
51	Retirement savings contributions credit. Attach Form 8880	51	0
52	Child tax credit. Attach Schedule 8812, if required	52	0
53	Residential energy credits. Attach Form 5695	53	0
54	Other credits from Form: a ☐ 3800 b ☐ 8801 c ☐	54	0
55	Add lines 48 through 54. These are your total credits	55	0
56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	0

Other Taxes

57	Self-employment tax. Attach Schedule SE	57	2,346
58	Unreported social security and Medicare tax from Form: a ☐ 4137 b ☐ 8919	58	0
59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	0
60a	Household employment taxes from Schedule H	60a	0
60b	First-time homebuyer credit repayment. Attach Form 5405 if required	60b	0
61	Health care: individual responsibility (see instructions). Full-year coverage ☒	61	0
62	Taxes from: a ☐ Form 9911 b ☐ Form 9972 c ☐ Instructions enter code(s)	62	0
63	Add lines 57 through 62. This is your total tax	63	2,346

Payments

If you have a qualifying child, attach Schedule EIC.

64	Federal income tax withheld from Forms W-2 and 1099	64	0
65	2014 estimated tax payments and amount applied from 2013 return	65	0
66a	Earned income credit (EIC)	66a	5,460
66b	Nonrefundable combat pay election ☐ 66b 0	66b	0
67	Additional child tax credit. Attach Schedule 8812	67	0
68	American opportunity credit from Form 8863, line 8	68	0
69	Net premium tax credit. Attach Form 8962	69	0
70	Amount paid with request for extension to file	70	0
71	Excess social security and tier 1 RRTA tax withheld	71	0
72	Credit for federal tax on fuels. Attach Form 4136	72	0
73	Credits from Form: a ☐ 2439 b ☐ 8879 c ☐ 8879 d ☐	73	0
74	Add lines 64, 65, 66a, and 67 through 73. These are your total payments	74	5,460

Refund

Direct deposit? See instructions.

75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	3,114
76a	Amount of line 75 you want refunded to you. If Form 8888 is attached, check here ☐	76a	3,114
76b	Routing number XXXXXXXXXX	76b	
76c	Account number XXXXXXXXXXXXXXXXXXXX	76c	
76d	Type: ☒ Checking ☐ Savings	76d	
77	Amount of line 75 you want applied to your 2015 estimated tax	77	0

Amount You Owe

78	Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions	78	0
79	Estimated tax penalty (see instructions)	79	0

Third Party Designee

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature _____ Date 04/20/15

Spouse's signature, if a joint return, both must sign. _____ Date 04/20/15

Preparer's signature _____ Date 04/20/15

Firm's name _____ Firm's EIN: 46-3807854

Firm's address _____ Phone no. 803-974-0292

PTIN P01718992

**SCHEDULE A
(Form 1040)**

Itemized Deductions

OMB No. 1545-0047

2014

Attachment
Sequence No. 07

Information about Schedule A and its separate instructions is at www.irs.gov/schedulea.

Attach to Form 1040.

Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on Form 1040:

RACHEL

J TURNER

Medical and Dental Expenses		Caution. Do not include expenses reimbursed or paid by others.			
1	Medical and dental expenses (see instructions)	1	4,282		
2	Enter amount from Form 1040, line 38	2	15,430		
3	Multiply line 2 by 10% (.10). But if either you or your spouse was born before January 2, 1950, multiply line 2 by 7.5% (.075) instead	3	1,543		
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4	2,739		
Taxes You Paid		5: State and local (check only one box):			
		a. ☐ Income taxes, or	5	0	
		b. ☐ General sales taxes	6	0	
8	Real estate taxes (see instructions)	8	160		
7	Personal property taxes	7	0		
9	Other taxes. List type and amount	9	0		
10	Add lines 6 through 9	10	160		
Interest You Paid		10: Home mortgage interest and points reported to you on Form 1099		10	0
		11: Home mortgage interest not reported to you on Form 1099. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address		11	0
		12: Points not reported to you on Form 1099. See instructions for special rules		12	0
		13: Mortgage insurance premiums (see instructions)		13	0
		14: Investment interest. Attach Form 4952 if required. (See instructions)		14	0
		15: Add lines 10 through 14		15	0
Gifts to Charity		16: Gifts by cash or check. If you made any gift of \$250 or more, see instructions		16	2,800
		17: Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500		17	3,068
		18: Carryover from prior year		18	0
		19: Add lines 16 through 18		19	7,268
Casualty and Theft Losses		20: Casualty or theft loss(es). Attach Form 4684. (See instructions.)		20	0
Job Expenses and Certain Miscellaneous Deductions		21: Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.)		21	0
		22: Tax preparation fees		22	0
		23: Other expenses—investment, safe deposit box, etc. List type and amount		23	0
		24: Add lines 21 through 23		24	0
		25: Enter amount from Form 1040, line 38		25	15,430
		26: Multiply line 25 by 2% (.02)		26	309
		27: Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-		27	0
Other Miscellaneous Deductions		28: Other—from list in instructions. List type and amount		28	0
Total Itemized Deductions		29: Is Form 1040, line 38, over \$162,525?		29	10,167
		☒ No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40.			
		☐ Yes. Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.			
		30: If you elect to itemize deductions even though they are less than your standard deduction, check here			

KIA For Paperwork Reduction Act Notice, see Form 1040 instructions.

Schedule A (Form 1040) 2014

SCHEDULE C
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business

(Sole Proprietorship)

Information about Schedule C and its separate instructions is at www.irs.gov/schedulec.
Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074

2014
Attachment
Sequence No. 09

Name of proprietor RACHEL J. TURNER		Social Security number
A Principal business or profession, including product or service (see instructions) LPN NURSING CONTRACTOR		B Enter code from instructions 236100
C Business name, if no separate business name, leave blank: RACHEL J. TURNER		D Employer ID number (EIN), (see instructions)
E Business address (including suite or room no.) City, town, or post office, state, and ZIP code 135 VILLAS COURT, APT. # A WEST COLUMBIA, SC 29170		
F Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) _____		
G Did you "materially participate" in the operation of this business during 2014? If "No," see instructions for limit on losses ☒ Yes ☐ No		
H If you started or acquired this business during 2014, check here ☐ Yes ☒ No		
I Did you make any payments in 2014 that would require you to file Form(s) 1099? (see instructions) ☐ Yes ☒ No		
J If "Yes," did you or will you file required Forms 1099? ☐ Yes ☒ No		

Part I Income

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on form W-2 and the "Statutory employee" box on that form was checked ☐	1	56,180
2 Returns and allowances	2	0
3 Subtract line 2 from line 1	3	56,180
4 Cost of goods sold (from line 42)	4	0
5 Gross profit. Subtract line 4 from line 3	5	56,180
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	0
7 Gross income. Add lines 5 and 6	7	56,180

Part II Expenses. Enter expenses for business use of your home only on line 30.

8 Advertising	8		18 Office expense (see instructions)	18	1,766
9 Car and truck expenses (see instructions)	9	11,020	19 Pension and profit-sharing plans	19	
10 Commissions and fees	10		20 Rent or lease (see instructions):		
11 Contract labor (see instructions)	11		a Vehicles, machinery, and equipment	20a	0
12 Depreciation	12	900	b Other business property	20b	2,070
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13	0	21 Repairs and maintenance	21	1,541
14 Employee benefit programs (other than on line 19)	14		22 Supplies (not included in Part III)	22	3,350
15 Insurance (other than health)	15	2,840	23 Taxes and licenses	23	249
16 Interest:			24 Travel, meals, and entertainment:		
a Mortgage (paid to banks, etc.)	16a		a Travel	24a	
b Other	16b		b Deductible meals and entertainment (see instructions)	24b	2,600
17 Legal and professional services	17	300	25 Utilities	25	3,937
28 Total expenses before expenses for business use of home. Add lines 8 through 27a	28		26 Wages (less employment credits)	26	
29 Tentative profit or (loss). Subtract line 28 from line 7	29		27a Other expenses (from line 48)	27a	9,004
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). Simplified method filers only: enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30.	30	0	b Reserved for future use	27b	
31 Net profit or (loss). Subtract line 30 from line 29.	31	16,603			

32a ☐ All investments at risk.
32b ☐ Some investment is not at risk.

KIA For Paperwork Reduction Act Notice, see the separate instructions.

Schedule C (Form 1040) 2014

Part III Cost of Goods Sold (see instructions)

33 Method(s) used to value closing inventory: a ☐ Cost b ☐ Lower of cost or market c ☐ Other (attach explanation)

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory? ☐ Yes ☐ No
If "Yes," attach explanation

35 Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35	0
36 Purchases less cost of items withdrawn for personal use	36	0
37 Cost of labor. Do not include any amounts paid to yourself	37	0
38 Materials and supplies	38	0
39 Other costs	39	0
40 Add lines 35 through 39	40	0
41 Inventory at end of year	41	0
42 Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42	0

Part IV Information on Your Vehicle. Complete this part only if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43 When did you place your vehicle in service for business purposes? (month, day, year) 01/01/14

44 Of the total number of miles you drove your vehicle during 2014, enter the number of miles you used your vehicle for:

a Business 19,680 b Commuting (see instructions) c Other

45 Was your vehicle available for personal use during off-duty hours? ☒ Yes ☐ No

46 Do you (or your spouse) have another vehicle available for personal use? ☒ Yes ☐ No

47a Do you have evidence to support your deduction? ☒ Yes ☐ No

b If "Yes," is the evidence written? ☒ Yes ☐ No

Part V Other Expenses. List below business expenses not included on lines 8-26 or line 30.

INTERNET / CABLE SERVICES PAID (REQUIRED)	1,259
NURSING UNIFORM & SHOES PURCHASES	1,565
HP LAPTOP COMPUTER	1,000
TONERS, COPIER PAPER, SPIRWARE SOFTWARE	520
LEP : CONTINUING EDUCATIONS	220
HEALTH INSURANCES & HEALTH SERVICES PAID	4,440
48 Total other expenses. Enter here and on line 27a	9,004

KIA

Schedule C (Form 1040) 2014

Part 12 Information on Your Vehicle. Complete this part only if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43 When did you place your vehicle in service for business purposes? (month, day, year) ▶ _____

44 Of the total number of miles you drove your vehicle during 2014, enter the number of miles you used your vehicle for:

a Business _____ b Commuting (see instructions) _____ c Other _____

45 Was your vehicle available for personal use during off-duty hours? ☐ Yes ☐ No

46 Do you (or your spouse) have another vehicle available for personal use? ☐ Yes ☐ No

47a Do you have evidence to support your deduction? ☐ Yes ☐ No

b If "Yes," is the evidence written? ☐ Yes ☐ No

Part 13 Information on Your Vehicle. Complete this part only if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43 When did you place your vehicle in service for business purposes? (month, day, year) ▶ _____

44 Of the total number of miles you drove your vehicle during 2014, enter the number of miles you used your vehicle for:

a Business _____ b Commuting (see instructions) _____ c Other _____

45 Was your vehicle available for personal use during off-duty hours? ☐ Yes ☐ No

46 Do you (or your spouse) have another vehicle available for personal use? ☐ Yes ☐ No

47a Do you have evidence to support your deduction? ☐ Yes ☐ No

b If "Yes," is the evidence written? ☐ Yes ☐ No

Part 14 Information on Your Vehicle. Complete this part only if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43 When did you place your vehicle in service for business purposes? (month, day, year) ▶ _____

44 Of the total number of miles you drove your vehicle during 2014, enter the number of miles you used your vehicle for:

a Business _____ b Commuting (see instructions) _____ c Other _____

45 Was your vehicle available for personal use during off-duty hours? ☐ Yes ☐ No

46 Do you (or your spouse) have another vehicle available for personal use? ☐ Yes ☐ No

47a Do you have evidence to support your deduction? ☐ Yes ☐ No

b If "Yes," is the evidence written? ☐ Yes ☐ No

K1A

Schedule C (Form 1040) 2014

SCHEDULE EIC
(Form 1040A or 1040)

Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on return

RACHEL J. TURNER

Earned Income Credit
Qualifying Child Information

- ▶ Complete and attach to Form 1040A or 1040 only if you have a qualifying child.
▶ Information about Schedule EIC (Form 1040A or 1040) and its instructions is at www.irs.gov/scheduleeic.

1040A
1040

EIC

OMB No. 1545-0074

2014

Attachment
Sequence No. 43

Your social security number

Before you begin:

- See the instructions for Form 1040A, lines 42a and 42b, or Form 1040, lines 66a and 66b, to make sure that (a) you can take the EIC, and (b) you have a qualifying child.
- Be sure the child's name on line 1 and social security number (SSN) on line 2 agree with the child's social security card. Otherwise, at the time we process your return, we may reduce or disallow your EIC. If the name or SSN on the child's social security card is not correct, call the Social Security Administration at 1-800-772-1213.

• If you take the EIC even though you are not eligible, you may not be allowed to take the credit for up to 10 years. See the instructions for details.

CAUTION:

• It will take us longer to process your return and issue your refund if you do not fill in all lines that apply for each qualifying child.

Qualifying Child Information

Child 1

Child 2

Child 3

	First name	Last name	First name	Last name	First name	Last name
1 Child's name If you have more than three qualifying children, you have to list only three to get the maximum credit.	QUIANA	RICHARD	KYAN	RICHARD		
2 Child's SSN The child must have an SSN as defined in the instructions for Form 1040A, lines 42a and 42b, or Form 1040, lines 66a and 66b, unless the child was born and died in 2014. If your child was born and died in 2014 and did not have an SSN, enter "Died" in this line and attach a copy of the child's birth certificate, death certificate, or hospital medical records.						
3 Child's year of birth	Year If born after 1993 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.		Year If born after 1993 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.		Year If born after 1993 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.	
4a Was the child under age 24 at the end of 2014, a student, and younger than you (or your spouse, if filing jointly)?	☒ Yes. ☐ No. Go to line 5. Go to line 4b.		☐ Yes. ☐ No. Go to line 5. Go to line 4b.		☐ Yes. ☐ No. Go to line 5. Go to line 4b.	
b Was the child permanently and totally disabled during any part of 2014?	☐ Yes. ☐ No. Go to line 5. The child is not a qualifying child.		☐ Yes. ☐ No. Go to line 5. The child is not a qualifying child.		☐ Yes. ☐ No. Go to line 5. The child is not a qualifying child.	
5 Child's relationship to you (for example, son, daughter, grandchild, niece, nephew, foster child, etc.)	Daughter		Daughter			
6 Number of months child lived with you in the United States during 2014 • If the child lived with you for more than half of 2014 but less than 7 months, enter "7." • If the child was born or died in 2014 and your home was the child's home for more than half the time he or she was alive during 2014, enter "12." Do not enter more than 12 months.	12 months Do not enter more than 12 months.		12 months Do not enter more than 12 months.			

KIA For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule EIC (Form 1040A or 1040) 2014

SCHEDULE SE
(Form 1040)

Self-Employment Tax

OMB No. 1545-0074

2014

Attachment
Sequence No. 17

Department of the Treasury
Internal Revenue Service (99)

Information about Schedule SE and its separate instructions is at www.irs.gov/schedulese.
Attach to Form 1040 or Form 1040NR.

Name of person with self-employment income (as shown on Form 1040 or Form 1040NR)

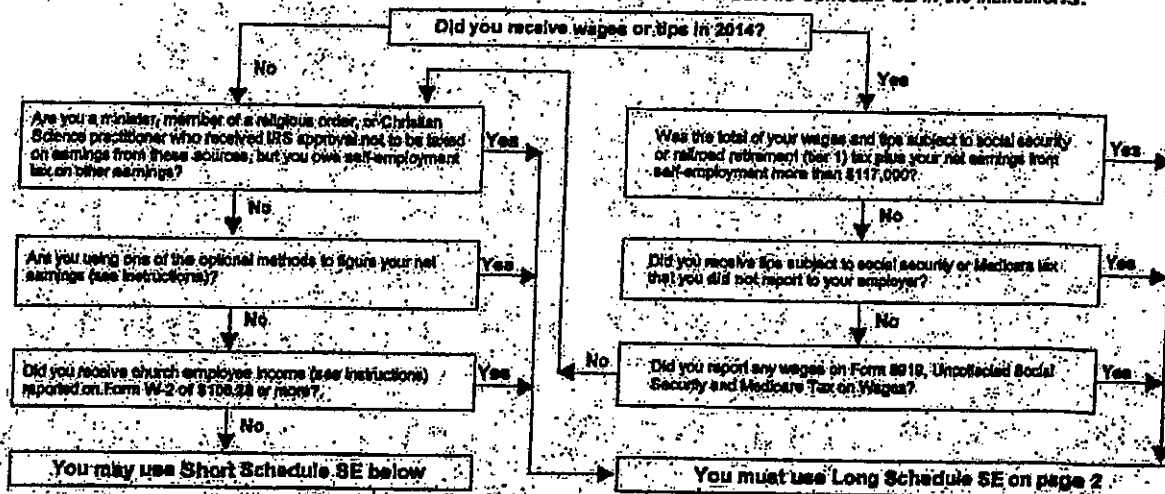
RACHEL J. TURNER

Social security number of person
with self-employment income

Before you begin: To determine if you must file Schedule SE, see the instructions.

May I Use Short Schedule SE or Must I Use Long Schedule SE?

Note. Use this flowchart only if you must file Schedule SE. If unsure, see *Who Must File Schedule SE* in the instructions.



Section A—Short Schedule SE. Caution. Read above to see if you can use Short Schedule SE.

1a. Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A.	1a	0
b. If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code Z.	1b	0
2. Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders, see instructions for types of income to report on this line. See instructions for other income to report.	2	16,603
3. Combine lines 1a, 1b, and 2.	3	16,603
4. Multiply line 3 by 92.35% (.9235). If less than \$400, you do not owe self-employment tax; do not file this schedule unless you have an amount on line 1b. Note. If line 4 is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.	4	15,333
5. Self-employment tax. If the amount on line 4 is: • \$117,000 or less, multiply line 4 by 15.3% (.153). Enter the result here and on Form 1040, line 57, or Form 1040NR, line 55. • More than \$117,000, multiply line 4 by 2.9% (.029). Then, add \$14,508 to the result. Enter the total here and on Form 1040, line 57, or Form 1040NR, line 55.	5	2,346
6. Deduction for one-half of self-employment tax. Multiply line 5 by 50% (.50). Enter the result here and on Form 1040, line 27, or Form 1040NR, line 27.	6	1,173

KIA For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule SE (Form 1040) 2014

Name of person with self-employment income (as shown on Form 1040 or 1040NR)

Social security number of person with self-employment income

Section B—Long Schedule SE

Part I Self-Employment Tax

Note. If your only income subject to self-employment tax is church employee income, see instructions. Also see instructions for the definition of church employee income.

- A If you are a minister, member of a religious order, or Christian Science practitioner and you filed Form 4361, but you had \$400 or more of other net earnings from self-employment, check here and continue with Part I ☐

1a Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A. **Note.** Skip lines 1a and 1b if you use the farm optional method (see instructions).

b If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code Z.

2 Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders, see instructions for types of income to report on this line. See instructions for other income to report. **Note.** Skip this line if you use the nonfarm optional method (see instructions).

3 Combine lines 1a, 1b, and 2.

4a If line 3 is more than zero, multiply line 3 by 92.35% (.9235). Otherwise, enter amount from line 3. **Note.** If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.

b If you select one or both of the optional methods, enter the total of lines 15 and 17 here.

c Combine lines 4a and 4b. If less than \$400, stop; you do not owe self-employment tax. **Exception:** If less than \$400 and you had church employee income, enter -0- and continue.

5a Enter your church employee income from Form W-2. See instructions for definition of church employee income.

b Multiply line 5a by 92.35% (.9235). If less than \$100, enter -0-.

6 Add lines 4c and 5b.

7 Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (Tier 1) tax for 2014.

8a Total social security wages and tips (total of boxes 3 and 7 on Form (e) W-2) and railroad retirement (Tier 1) compensation. If \$117,000 or more, skip lines 8b through 10, and go to line 11.

b Unreported tips subject to social security tax (from Form 4137, line 10).

c Wages subject to social security tax (from Form 8919, line 10).

d Add lines 8a, 8b and 8c.

9 Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11.

10 Multiply the smaller of line 8 or line 9 by 12.4% (.124).

11 Multiply line 6 by 2.9% (.029).

12 Self-employment tax. Add lines 10 and 11. Enter here and on Form 1040, line 57, or Form 1040NR, line 55.

13 Deduction for one-half of self-employment tax.

Multiply line 12 by 50% (.50). Enter the result here and on Form 1040, line 27, or Form 1040NR, line 27.

Part II Optional Methods To Figure Net Earnings (see instructions)

Farm Optional Method. You may use this method only if (a) your gross farm income¹ was not more than \$7,200 or (b) your net farm profits² were less than \$5,198.

14 Maximum income for optional methods.

15 Enter the smaller of: two-thirds (2/3) of gross farm income¹ (not less than zero) or \$4,800. Also include this amount on line 4b above.

Nonfarm Optional Method. You may use this method only if (a) your net nonfarm profits³ were less than \$5,198 and also less than 72.189% of your gross nonfarm income⁴, and (b) you had net earnings from self-employment of at least \$400 in 2 of the prior 3 years. **Caution:** You may use this method no more than five times.

16 Subtract line 15 from line 14.

17 Enter the smaller of: two-thirds (2/3) of gross nonfarm income⁴ (not less than zero) or the amount on line 16. Also include this amount on line 4b above.

¹ From Sch. F, line 9, and Sch. K-1 (Form 1065), box 14, code B.

² From Sch. F, line 34, and Sch. K-1 (Form 1065), box 14, code A—minus the amount you would have entered on line 1b had you not used the optional method.

³ From Sch. C, line 31; Sch. C-EZ, line 3; Sch. K-1 (Form 1065), box 14, code A; and Sch. K-1 (Form 1065-B), box 9, code J1.

⁴ From Sch. C, line 7; Sch. C-EZ, line 1; Sch. K-1 (Form 1065), box 14, code C; and Sch. K-1 (Form 1065-B), box 9, code J2.

Form **8283**

(Rev. December 2014)

Department of the Treasury
Internal Revenue Service**Noncash Charitable Contributions**▶ Attach to your tax return if you claimed a total deduction
of over \$500 for all contributed property.

OMB No. 1545-0048

Attachment
Sequence No. **155**

Name(s) shown on your income tax return:

RACHEL J. TURNER

Note. Figure the amount of your contribution deduction before completing this form. See your tax return instructions.

Section A: Donated Property of \$5,000 or Less and Publicly Traded Securities—List in this section only
items (or groups of similar items) for which you claimed a deduction of \$5,000 or less. Also list
publicly traded securities even if the deduction is more than \$5,000 (see instructions).**Part I Information on Donated Property**—If you need more space, attach a statement.

1	(a) Name and address of the donee organization	(b) If donated property is a vehicle (see instructions), check the box. Also enter the vehicle identification number (unless Form 1098-C is attached)	(c) Description of donated property (For a vehicle, enter the year, make, model, and mileage. For securities, enter the company name and the number of shares.)
A	GOODWILL & CHART. CHARITIES TWO NOTCH RD COLUMBIA SC 29229	☐	CLOTHS, FOOD, SHOES
B	MARCH OF DIMES HWY 378 CAVE SC 29370	☐	DONATIONS; MEDICINE
C		☐	
D		☐	
E		☐	

Note. If the amount you claimed as a deduction for an item is \$500 or less, you do not have to complete columns (c), (f), and (g).

	(d) Date of the contribution	(e) Date acquired by donor (mo., yr.)	(f) How acquired by donor	(g) Donor's cost or adjusted basis	(h) Fair market value (see instructions)	(i) Method used to determine the fair market value
A	12/31/14		CASH	3,058	3,058	GOODWILL CHARTS
B	12/31/14		CASH	1,400	1,400	MARCH OF DIMES
C						
D						
E						

Part II Partial Interests and Restricted Use Property—Complete lines 2a through 2e if you gave less than an
entire interest in a property listed in Part I. Complete lines 3a through 3c if conditions were placed on a
contribution listed in Part I; also attach the required statement (see instructions).2a Enter the letter from Part I that identifies the property for which you gave less than an entire
interest. If Part II applies to more than one property, attach a separate statement. ▶b Total amount claimed as a deduction for the property listed in Part I: (1) For this tax year ▶
(2) For any prior tax years ▶c Name and address of each organization to which any such contribution was made in a prior year (complete only if different
from the donee organization above):

Name of charitable organization (donee)

Address (number, street, and room or suite no.)

City or town, state, and ZIP code

d For tangible property, enter the place where the property is located or kept ▶

e Name of any person, other than the donee organization, having actual possession of the property ▶

3a Is there a restriction, either temporary or permanent, on the donee's right to use or dispose of the donated
property?b Did you give to anyone (other than the donee organization or another organization participating with the donee
organization in cooperative fundraising) the right to the income from the donated property or to the possession
of the property, including the right to vote donated securities, to acquire the property by purchase or otherwise,
or to designate the person having such income, possession, or right to acquire?

c Is there a restriction limiting the donated property for a particular use?

Yes	No

KIA For Paperwork Reduction Act Notice, see separate instructions.

Form **8283** (Rev. 12-2014)

Name(s) shown on your income tax return

Identifying number

RACHEL J TURNER

Section B. Donated Property Over \$5,000 (Except Publicly Traded Securities)—Complete this section for one item (or one group of similar items) for which you claimed a deduction of more than \$5,000 per item or group (except contributions of publicly traded securities reported in Section A). Provide a separate form for each property donated unless it is part of a group of similar items. An appraisal is generally required for property listed in Section B. See instructions.

Part I Information on Donated Property—To be completed by the taxpayer and/or the appraiser.

4 Check the box that describes the type of property donated:

- ☐ a Art* (contribution of \$20,000 or more) ☐ d Art* (contribution of less than \$20,000) ☐ g Collectibles** ☐ i Other
☐ b Qualified Conservation Contribution ☐ e Other Real Estate ☐ h Intellectual Property
☐ c Equipment ☐ f Securities ☐ l Vehicles

*Art includes paintings, sculptures, watercolors, prints, drawings, ceramics, engravings, decorative arts, linens, carpets, silver, rare manuscripts, historical memorabilia, and other similar objects.

**Collectibles include coins, stamps, books, gems, jewelry, sports memorabilia, dolls, etc., but not art as defined above.

Note: In certain cases, you must attach a qualified appraisal of the property. See instructions.

B		(a) Description of donated property (if you need more space, attach a separate statement)		(b) If tangible property was donated, give a brief summary of the overall physical condition of the property at the time of the gift		(c) Appraised fair market value
A						
B						
C						
D						

(d) Date acquired by donor (mo., yr.)	(e) How acquired by donor	(f) Donor's cost or adjusted basis	(g) For large gain sales, enter amount realized	(h) Amount claimed as a deduction	(i) Date of contribution
A					
B					
C					
D					

Part II Taxpayer (Donor) Statement—List each item included in Part I above that the appraisal identifies as having a value of \$500 or less. See instructions.

I declare that the following item(s) included in Part I above have to the best of my knowledge and belief an appraised value of not more than \$500 (per item). Enter identifying letter from Part I and describe the specific item. See instructions. ▶

Signature of taxpayer (donor) ▶

Date ▶

Part III Declaration of Appraiser

I declare that I am not the donor, the donee, a party to the transaction in which the donor acquired the property, employed by, or related to any of the foregoing persons, or married to any person who is related to any of the foregoing persons. And, if regularly used by the donor, donee, or party to the transaction, I performed the majority of my appraisals during my tax year for other persons.

Also, I declare that I perform appraisals on a regular basis, and that because of my qualifications as described in the appraisal, I am qualified to make appraisals of the type of property being valued. I certify that the appraisal fees were not based on a percentage of the appraised property value. Furthermore, I understand that a false or fraudulent overstatement of the property value as described in the qualified appraisal on this Form 8283 may subject me to the penalty under section 6701(a) (aiding and abetting the underpayment of tax liability). In addition, I understand that I may be subject to a penalty under section 6855A if I know, or reasonably should know, that my appraisal is to be used in connection with a return or claim for refund and a substantial or gross valuation misstatement results from my appraisal. I affirm that I have not been barred from practicing evidence or testimony by the Office of Professional Responsibility.

Sign

Here

Signature ▶

Title ▶

Date ▶

Business address (including room or suite no.)

Identifying number

City or town, state, and ZIP code

Part IV Donee Acknowledgment—To be completed by the charitable organization.

This charitable organization acknowledges that it is a qualified organization under section 170(c) and that it received the donated property as described in Section B, Part I, above on the following date: _____

Furthermore, this organization affirms that in the event it sells, exchanges, or otherwise disposes of the property described in Section B, Part I (or any portion thereof) within 3 years after the date of receipt, it will file Form 8282, Donee Information Return, with the IRS and give the donor a copy of that form. This acknowledgment does not represent agreement with the claimed fair market value.

Does the organization intend to use the property for an unrelated use? ▶

Yes ☐No ☐

Name of charitable organization (donee)

Employer identification number

Address (number, street, and room or suite no.)

City or town, state, and ZIP code

Authorized signature

Title

Date

KIA

Form 8283 (Rev. 12-2014)

Form **8867**

Paid Preparer's Earned Income Credit Checklist

OMB No. 1545-0029

Department of the Treasury
Internal Revenue Service

To be completed by preparer and filed with Form 1040, 1040A, or 1040EZ.
Information about Form 8867 and its separate instructions is at www.irs.gov/form8867.

2014
Attachment
Sequence No. 177

Taxpayer name(s) shown on return

RACHAEL

TURNER

Taxpayer's social security number 201

For the definitions of Qualifying Child and Earned Income, see Pub. 596.

Part I All Taxpayers

- 1 Enter preparer's name and PTIN: ACCESS RESOURCE GROUP LLC : 45-3807854
- 2 Is the taxpayer's filing status married filing separately?
If you checked "Yes" on line 2, stop; the taxpayer cannot take the EIC. Otherwise, continue.
☐ Yes ☒ No
- 3 Does the taxpayer (and the taxpayer's spouse if filing jointly) have a social security number (SSN) that allows him or her to work and is valid for EIC purposes? See the instructions before answering.
If you checked "No" on line 3, stop; the taxpayer cannot take the EIC. Otherwise, continue.
☒ Yes ☐ No
- 4 Is the taxpayer (or the taxpayer's spouse if filing jointly) filing Form 2555 or 2555-EZ (relating to the exclusion of foreign earned income)?
If you checked "Yes" on line 4, stop; the taxpayer cannot take the EIC. Otherwise, continue.
☐ Yes ☒ No
- 5a Was the taxpayer (or the taxpayer's spouse) a nonresident alien for any part of 2014?
If you checked "Yes" on line 5a, go to line 5b. Otherwise, skip line 5b and go to line 6.
☐ Yes ☒ No
- b Is the taxpayer's filing status married filing jointly?
If you checked "Yes" on line 5a and "No" on line 5b, stop; the taxpayer cannot take the EIC. Otherwise, continue.
☐ Yes ☒ No
- 6 Is the taxpayer's investment income more than \$3,350? See the instructions before answering.
If you checked "Yes" on line 6, stop; the taxpayer cannot take the EIC. Otherwise, continue.
☐ Yes ☒ No
- 7 Could the taxpayer be a qualifying child of another person for 2014? If the taxpayer's filing status is married filing jointly, check "No." Otherwise, see instructions before answering.
If you checked "Yes" on line 7, stop; the taxpayer cannot take the EIC. Otherwise, go to Part II or Part III, whichever applies.
☐ Yes ☒ No

For Paperwork Reduction Act Notices, see separate instructions.

Cat. No. 20142H

Form 8867 (2014)

RACHEL TURNER
547-71-6391

Form 8867 (2014)

Page 2

Part II Taxpayers With a Child

Caution. If there is more than one child, complete lines 8 through 14 for one child before going to the next column.

	Child 1	Child 2	Child 3
8 Child's name	DIANA RICHARD	KYARA RICHARD	
9 Is the child the taxpayer's son, daughter, stepchild, foster child, brother, sister, stepbrother, stepsister, half brother, half sister, or a descendant of any of them?	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No
10 Was the child unmarried at the end of 2014? If the child was married at the end of 2014, see the instructions before answering.	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No
11 Did the child live with the taxpayer in the United States for over half of 2014? See the instructions before answering.	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No
12 Was the child (at the end of 2014)— • Under age 19 and younger than the taxpayer (or the taxpayer's spouse, if the taxpayer files jointly), • Under age 24, a student (defined in the instructions), and younger than the taxpayer (or the taxpayer's spouse, if the taxpayer files jointly), or • Any age and permanently and totally disabled?	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No
13a Do you or the taxpayer know of another person who could check "Yes" on lines 9, 10, 11, and 12 for the child? (If the only other person is the taxpayer's spouse, see the instructions before answering.) If you checked "No" on line 13a, go to line 14. Otherwise, go to line 13b.	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No
b Enter the child's relationship to the other person(s).			
c Under the tiebreaker rules, is the child treated as the taxpayer's qualifying child? See the instructions before answering. If you checked "Yes" on line 13c, go to line 14. If you checked "No," the taxpayer cannot take the EIC based on this child and cannot take the EIC for taxpayers who do not have a qualifying child. If there is more than one child, see the Note at the bottom of this page. If you checked "Don't know," explain to the taxpayer that, under the tiebreaker rules, the taxpayer's EIC and other tax benefits may be disallowed. Then, if the taxpayer wants to take the EIC based on this child, complete lines 14 and 15. If not, and there are no other qualifying children, the taxpayer cannot take the EIC, including the EIC for taxpayers without a qualifying child; do not complete Part III. If there is more than one child, see the Note at the bottom of this page.	☒ Yes ☐ No ☐ Don't know	☒ Yes ☐ No ☐ Don't know	☐ Yes ☐ No ☐ Don't know
14 Does the qualifying child have an SSN that allows him or her to work and is valid for EIC purposes? See the instructions before answering. If you checked "No" on line 14, the taxpayer cannot take the EIC based on this child and cannot take the EIC available to taxpayers without a qualifying child. If there is more than one child, see the Note at the bottom of this page. If you checked "Yes" on line 14, continue.	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No
15 Are the taxpayer's earned income and adjusted gross income each less than the limit that applies to the taxpayer for 2014? See instructions. If you checked "No" on line 15, stop; the taxpayer cannot take the EIC. If you checked "Yes" on line 15, the taxpayer can take the EIC. Complete Schedule EIC and attach it to the taxpayer's return. If there are two or three qualifying children with valid SSNs, list them on Schedule EIC in the same order as they are listed here. If the taxpayer's EIC was reduced or disallowed for a year after 1998, see Pub. 598 to see if Form 8862 must be filed. Go to line 20.			☒ Yes ☐ No

Note. If there is more than one child, complete lines 8 through 14 for the other child(ren) (but for no more than three qualifying children).

Form 8867 (2014)

Part III Taxpayers Without a Qualifying Child

16 Was the taxpayer's main home, and the main home of the taxpayer's spouse if filing jointly, in the United States for more than half the year? (Military personnel on extended active duty outside the United States are considered to be living in the United States during that duty period.) See the instructions before answering.

☐ Yes ☐ No

▶ If you checked "No" on line 16, stop; the taxpayer cannot take the EIC. Otherwise, continue.

17 Was the taxpayer, or the taxpayer's spouse if filing jointly, at least age 25 but under age 65 at the end of 2014? See the instructions before answering.

☐ Yes ☐ No

▶ If you checked "No" on line 17, stop; the taxpayer cannot take the EIC. Otherwise, continue.

18 Is the taxpayer eligible to be claimed as a dependent on anyone else's federal income tax return for 2014? If the taxpayer's filing status is married filing jointly, check "No".

☐ Yes ☐ No

▶ If you checked "Yes" on line 18, stop; the taxpayer cannot take the EIC. Otherwise, continue.

19 Are the taxpayer's earned income and adjusted gross income each less than the limit that applies to the taxpayer for 2014? See instructions.

☐ Yes ☐ No

▶ If you checked "No" on line 19, stop; the taxpayer cannot take the EIC. If you checked "Yes" on line 19, the taxpayer can take the EIC. If the taxpayer's EIC was reduced or disallowed for a year after 1996, see Pub. 596 to find out if Form 8862 must be filed. Go to line 20.

Part IV Due Diligence Requirements

20 Did you complete Form 8867 based on current information provided by the taxpayer or reasonably obtained by you?

☒ Yes ☐ No

21 Did you complete the EIC worksheet found in the Form 1040, 1040A, or 1040EZ instructions (or your own worksheet that provides the same information as the 1040, 1040A, or 1040EZ worksheet)?

☒ Yes ☐ No

22 If any qualifying child was not the taxpayer's son or daughter, do you know or did you ask why the parents were not claiming the child?

☒ Yes ☐ No

23 If the answer to question 13a is "Yes" (indicating that the child lived for more than half the year with someone else who could claim the child for the EIC), did you explain the tiebreaker rules and possible consequences of another person claiming your client's qualifying child?

☒ Yes ☐ No

24 Did you ask this taxpayer any additional questions that are necessary to meet your knowledge requirement? See the instructions before answering.

☒ Yes ☐ No

To comply with the EIC knowledge requirement, you must not know or have reason to know that any information you used to determine the taxpayer's eligibility for, and the amount of, the EIC is incorrect. You may not ignore the implications of information furnished to you or known by you, and you must make reasonable inquiries if the information furnished to you appears to be incorrect, inconsistent, or incomplete. At the time you make these inquiries, you must document in your files the inquiries you made and the taxpayer's responses.

25 Did you document (a) the taxpayer's answer to question 22 (if applicable), (b) whether you explained the tiebreaker rules to the taxpayer and any additional information you got from the taxpayer as a result, and (c) any additional questions you asked and the taxpayer's answers?

☒ Yes ☐ No

▶ You have complied with all the due diligence requirements if you:

1. Completed the actions described on lines 20 and 21 and checked "Yes" on those lines,
2. Completed the actions described on lines 22, 23, 24, and 25 (if they apply) and checked "Yes" (or "Does not apply") on those lines,
3. Submit Form 8867 in the manner required, and
4. Keep all five of the following records for 3 years from the latest of the dates specified in the instructions under **Document Retention**:
 - a. Form 8867,
 - b. The EIC worksheet(s) or your own worksheet(s),
 - c. Copies of any taxpayer documents you relied on to determine eligibility for or amount of EIC,
 - d. A record of how, when, and from whom the information used to prepare the form and worksheet(s) was obtained, and
 - e. A record of any additional questions you asked and your client's answers.

▶ You have not complied with all the due diligence requirements if you checked "No" on line 20, 21, 22, 23, 24, or 25. You may have to pay a \$500 penalty for each failure to comply.

Part V Documents Provided to You

26 Identify below any document that the taxpayer provided to you and that you relied on to determine the taxpayer's EIC eligibility. Check all that apply. Keep a copy of any documents you relied on. See the instructions before answering. If there is no qualifying child, check box a. If there is no disabled child, check box o.

- ☐ a. No qualifying child
☐ b. School records or statement
☐ c. Landlord or property management statement
☐ d. Health care provider statement
☐ e. Medical records
☐ f. Child care provider records
☐ g. Placement agency statement
☐ h. Social service records or statement

- ☒ i. Place of worship statement
☐ j. Indian tribal official statement
☒ k. Employer statement
☐ l. Other (specify) ▼

SSN CARD, BIRTH CERTIFICATE, POSTAL ADDRESS,
DRIVER'S LICENSE, UTILITY BILLS, COUNTY PROPERTY
TAX STATEMENT, ETC.

- ☐ m. Did not rely on any documents, but made notes in file
☐ n. Did not rely on any documents

- ☐ o. No disabled child
☐ p. Doctor statement
☐ q. Other health care provider statement
☐ r. Social services agency or program statement

- ☐ s. Other (specify) ▼

- ☐ t. Did not rely on any documents, but made notes in file
☐ u. Did not rely on any documents

27 If a Schedule C is included with this return, identify below the information that the taxpayer provided to you and that you relied on to prepare the Schedule C. Check all that apply. Keep a copy of any documents you relied on. See the instructions before answering. If there is no Schedule C, check box a.

- ☐ a. No Schedule C
☐ b. Business license
☐ c. Forms 1099
☐ d. Records of gross receipts provided by taxpayer
☐ e. Taxpayer summary of income
☐ f. Records of expenses provided by taxpayer
☐ g. Taxpayer summary of expenses

- ☒ h. Bank statements
☐ i. Reconstruction of income and expenses
☐ j. Other (specify) ▼

- ☐ k. Did not rely on any documents, but made notes in file
☐ l. Did not rely on any documents

Form **8965****Health Coverage Exemptions**

OMB No. 1545-0074

Department of the Treasury

Internal Revenue Service

▶ Attach to Form 1040, Form 1040A, or Form 1040EZ.

▶ Information about Form 8965 and its separate instructions is at www.irs.gov/form8965.**2014**Attachment
Sequence No. 76

Name shown on return

RACHEL J. TURNER

Your social security number

Complete this form if you have a Marketplace-granted coverage exemption or you are claiming a coverage exemption on your return.

Part I Marketplace-Granted Coverage Exemptions for Individuals: If you and/or a member of your tax household have an exemption granted by the Marketplace, complete Part I.

	a Name of Individual	b SSN	c Exemption Certificate Number
1			
2			
3			
4			
5			
6			

Part II Coverage Exemptions for Your Household Claimed on Your Return:

7a Are you claiming an exemption because your household income is below the filing threshold?

☐ Yes ☒ No

b Are you claiming a hardship exemption because your gross income is below the filing threshold?

☐ Yes ☒ No

Part III Coverage Exemptions for Individuals Claimed on Your Return: If you and/or a member of your tax household are claiming an exemption on your return, complete Part III.

	a Name of Individual	b SSN	c Exemption Type	d Full Year	e Jan	f Feb	g Mar	h Apr	i May	j June	k July	l Aug	m Sept	n Oct	o Nov	p Dec
8	RACHEL J. TURNER		CONSUME	✓												
9	QIANA RICHARD		CONSUME	✓												
10	KYANN RICHARD		CONSUME	✓												
11																
12																
13																

KIA For Privacy Act and Paperwork Reduction Act Notice, see your tax return instructions.

Form **8965** (2014)

Form **1095-A****Health Insurance Marketplace Statement**

OMB No. 1545-2232

Department of the Treasury
Internal Revenue ServiceInformation about Form 1095-A and its separate instructions
is at www.irs.gov/form1095a.☒ CORRECTED**2014****Part I Recipient Information**

1 Marketplace Identifier SC	2 Marketplace-assigned policy number 5759794	3 Policy issuer's name Consumers Choice Health Insurance Company
4 Recipient's name RACHEL TURNER	8 Recipient's SSN	9 Recipient's date of birth
7 Recipient's spouse's name	8 Recipient's spouse's SSN	9 Recipient's spouse's date of birth
10 Policy start date 05/01/2014	11 Policy termination date 05/31/2014	12 Street address (including apartment no.) 135 VILLA COURT A
13 City or town WEST COLUMBIA	14 State or province SC	15 Country and ZIP or foreign postal code US 29170

Part II Coverage Household

A. Covered Individual Name	B. Covered Individual SSN	C. Covered Individual Date of Birth	D. Covered Individual Start Date	E. Covered Individual Termination Date
16 RACHEL TURNER			05/01/2014	05/31/2014
17 QIANA RICHARD			05/01/2014	05/31/2014
18 JUSTIN RICHARD		11/12/1991	05/01/2014	05/31/2014
19 KYANN RICHARD		05/28/1996	05/01/2014	05/31/2014
20				

Part III Household Information

Month	A. Monthly Premium Amount	B. Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP)	C. Monthly Advance Payment of Premium Tax Credit
21 January	0.00	0.00	0.00
22 February	0.00	0.00	0.00
23 March	0.00	0.00	0.00
24 April	0.00	0.00	0.00
25 May	750.95	760.32	654.00
26 June	0.00	0.00	0.00
27 July	0.00	0.00	0.00
28 August	0.00	0.00	0.00
29 September	0.00	0.00	0.00
30 October	0.00	0.00	0.00
31 November	0.00	0.00	0.00
32 December	0.00	0.00	0.00
33 Annual Totals	750.95	760.32	654.00

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 607030

Form 1095-A (2014)



0000074

1017



STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE
2014 INDIVIDUAL INCOME TAX RETURN

SC 1040
(Rev. 7/29/14)
3075

Your social security number	Check if deceased ☐
Spouse's social security number	Check if deceased ☐

**DO NOT USE THIS FORM TO FILE A
CORRECTED RETURN. SEE SC1040
INSTRUCTIONS FOR ADDITIONAL
INFORMATION.**

For the year January 1 - December 31, 2014, or fiscal tax year beginning		2014 and ending		2015	
Print your first name and initial RACHEL J		Last name TURNER		Suffix	
Spouse's first name, if married filing jointly		Last name			
Check if new address ☐	Mailing address (number and street, Apt. no. or P. O. Box) Foreign address, see instructions			County code	
	135 VILLAS COURT Apt A			32	
City	State	Zip	Area Code Daytime telephone		
WEST COLUMBIA	SC	29170	707-803-1963		
Check if address is outside US ☐	Foreign country address including Postal code (see instructions)				
Check this box if you are filing SC Schedule NR (Part year/Nonresident)					
Check this box ONLY if filing a composite return on behalf of a partnership or "S" corporation. Do not check this box if you are an individual.					
Check this box if you have filed a federal or state extension					
Check this box if you served in a Military COMBAT ZONE during the filing period					
Enter the name of the combat zone:					
Check this box if this return is affected by a federally declared DISASTER AREA					
Enter the name of the disaster area:					
CHECK YOUR FEDERAL FILING STATUS (1) ☐ Single (3) ☐ Married filing separately. Enter spouse's SSN here: _____					
(2) ☐ Married filing jointly (4) ☒ Head-of-household (5) ☐ Widow(er) with dependent child					

Federal Exemptions

Enter the number of exemptions from your 2014 federal return: **3**

Enter the number of exemptions listed above that were under the age of 6 years on December 31, 2014: **0**

Enter the number of taxpayers age 65 or older, as of December 31, 2014: **0**

Dependents:

First name	Last name	Social security number	Relationship	Date of birth (MM/DD/YYYY)
QUIANA	RICHARD		Daughter	03/06/95
KYAN	RICHARD		Daughter	05/28/96

30751028

INCOME AND ADJUSTMENTS

2014

1 Enter federal taxable income from your federal form. If zero or less, enter zero here. Dollars 0 00
 Nonresident filers complete Schedule NR and enter total from line 60 on line 6 below

ADDITIONS TO FEDERAL TAXABLE INCOME

a	State tax addback, if itemizing on federal return (See instructions)	0 00
b	Out-of-state losses (See instructions)	00
Check type of loss: ☐ Rental ☐ Business ☐ Other		
c	Expenses related to National Guard and Military Reserve income	00
d	Interest income on obligations of states and political subdivisions other than South Carolina	0 00
e	Other additions to income. Attach an explanation (See instructions)	0 00
2	Add lines a through e and enter the total here. These are your total additions	0 00
3	Add lines 1 and 2 and enter total here	0 00

SUBTRACTIONS FROM FEDERAL TAXABLE INCOME

f	State tax refund, if included on your federal return	0 00
g	Total and permanent disability retirement income, if taxed on your federal return	00
h	Out-of-state income/gain - Do not include personal service income (See instructions)	00
Check type of income/gain: ☐ Rental ☐ Business ☐ Other		
i	44% of net capital gains held for more than one year (See instructions)	00
j	Volunteer deductions (See instructions) Check type of deduction: ☐ Firefighter ☐ HazMat ☐ Rescue Squad ☐ DNR ☐ Reserve Police ☐ Other	00
k	Contributions to the SC College Investment Program ("Future Scholar") or the SC Tuition Prepayment Program (See instructions)	00
l	Active Trade or Business Income deduction (See instructions)	00
m	Interest income from obligations of the US government	0 00
n	Certain non taxable National Guard or Reserve Pay (See instructions)	00
o	Social security and/or railroad retirement, if taxed on your federal return	0 00
p	Caregiver Retirement Deduction (See instructions)	00
p-1 Taxpayer: date of birth		00
p-2 Spouse: date of birth		00
p-3 Surviving spouse #1: date of birth of deceased spouse		00
p-4 Surviving spouse #2: date of birth of deceased spouse		00
q	Age 65 and older deduction (See instructions)	00
q-1 Taxpayer: date of birth		00
q-2 Spouse: date of birth		00
r	Negative amount of federal taxable income	6,587 00
s	Subsistence allowance 0 days @ \$8.00	0 00
t	Dependents under the age of 6 years on December 31 of the tax year	00
u	Consumer Protection Services	0 00
v	Other subtractions (See instructions)	0 00
4	Add lines f through v and enter here. These are your total subtractions	6,587 00
5	Residents subtract line 4 from line 3 and enter the difference. Nonresidents enter amount from Schedule NR, line 50. If less than zero, enter zero here. This is your South Carolina INCOME SUBJECT TO TAX	0 00
6	TAX: enter tax from SOUTH CAROLINA tax tables	0 00
7	TAX on Lump Sum Distribution (Attach SC4972)	00
8	TAX on Active Trade or Business Income (Attach I-335)	00
9	TAX on excess withdrawals from Catastrophe Savings Accounts	0 00
10	Add lines 6 through 9 and enter the total here. This is your TOTAL SOUTH CAROLINA TAX	0 00
11	Child and Dependent Care (See instructions)	0 00
12	Two Wage Earner Credit (See instructions)	00
13	Other non-refundable credits. Attach SC1040TC and other state return(s)	0 00
14	TOTAL non-refundable credits. Add lines 11, through 13 and enter the total here	0 00
15	SUBTRACT line 14 from line 10. Enter the difference BUT NOT LESS THAN ZERO here	0 00

30752026

2014

PAYMENTS AND REFUNDABLE CREDITS

16. SC INCOME TAX WITHHELD (Attach W-2 or SC41)	0.00	20. Other SC withholding (Attach Form 1009)	0.00
17. 2014 estimated tax payments	0.00	21. Tuition tax credit (Attach I-31b)	0.00
18. Amount paid with extension	0.00	22. Other refundable credit(s)	0.00
19. NR sale of real estate	0.00		

Check type: ☐ Anhydrous Ammonia (Attach I-333)
☐ Milk Credit (Attach I-334)
☐ Classroom Teacher Expenses (Attach I-340)

23. Add lines 16 through 22 and enter the total here. These are your TOTAL PAYMENTS. 23 0.00

24. If line 23 is LARGER than line 15, subtract line 15 from line 23 and enter the OVERPAYMENT. 24 0.00

25. If line 15 is LARGER than line 23, subtract line 23 from line 15 and enter the AMOUNT DUE. 25 0.00

26. USE TAX due on internet, mail-order or out-of-state purchases. Use tax is based on your county's sales tax rate. See instructions for more information. 26 0.00

If you certify that no use tax is due, check here ☒ X.

27. Amount of line 24 to be credited to your 2015 Estimated Tax. 27 0.00

28. Total Contributions for Check-offs (Attach I-330). 28 0.00

29. Add lines 26 through 28 and enter the total here. 29 0.00

30. If line 29 is larger than line 24, go to line 31. Otherwise, subtract line 29 from line 24 and enter the AMOUNT TO BE REFUNDED TO YOU (line 30a check box entry is required). REFUND 30 0.00

REFUND OPTIONS (subject to program limitations)

30a. Mark one refund choice: ☐ Direct Deposit (SC required) ☐ Debit Card ☐ Paper Check

SC DOR Issues Tax Refund Prepaid Debit Card Issued by Bank of America

30b. Direct Deposit (for US Accounts Only) Type: ☐ Checking ☐ Savings

Routing Number (RTN) (Must be 9 digits. The last two numbers of the RTN must be 01 through 98 or 99 through 99)

Bank Account Number (BAN) (1-17 digits)

31. Tax Due: Add lines 25 and 29. If line 29 is larger than line 24, subtract line 24 from line 29 and enter the amount. 31 0.00

32. Late filing and/or late payment: Penalties. 32 0.00

33. Penalty for Underpayment of Estimated Tax (Attach SC2210). (See instructions and enter letter in box if applicable) Exception to Underpayment of Estimated Tax ☐ 33 0.00

34. Add lines 31 through 33 and enter the AMOUNT YOU OWE here. Attach Form SC-1040-V with payment. BALANCE DUE 34 0.00

Pay electronically free of charge at www.dor.sc.gov. Click on DORePay and pay with Visa, MasterCard or by Electronic Funds Withdrawal (EPW) or include SC1040-V with your check or money order for the full amount payable to "SC Department of Revenue". Write your social security number and "2014-SC1040" on the payment.

I declare that this return and all attachments are true, correct and complete to the best of my knowledge and belief.

Your signature Date 04/20/15 Spouse's signature (if married filing jointly, BOTH must sign)

Taxpayer's Email

I authorize the Director of the Department of Revenue or delegate to discuss this return, attachments and related tax matters with the preparer. Yes ☐ No ☐ Preparer's printed name

If prepared by a person other than taxpayer, his declaration is based on all information of which he has any knowledge.

Paid Preparer's signature Date 04/20/15 Check ☐ PTH P01718992

Preparer's Use Only Firm name (or your self-employed) and address and Zip Code 1195 St. Matthews Rd PMB-139 Orangeburg, SC 29115 FEIN 46-3807854 Phone No. 803-974-02

MAIL TO: REFUNDS OR ZERO TAX Taxable Processing Center, PO Box 101100, Columbia, SC 29211-0100

BALANCE DUE Taxable Processing Center, PO Box 101100, Columbia, SC 29211-0100

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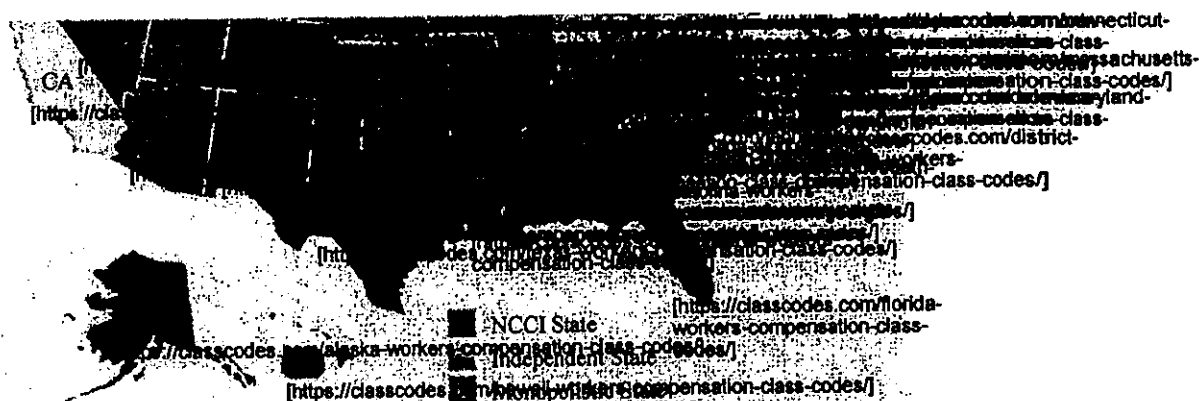
☐ VOID☐ CORRECTED

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. Condustrail 514 E. North Street Greenville, SC 29601 US		1 Rents \$		OMB No. 1545-0115 2014 Form 1099-MISC	Miscellaneous Income
		2 Royalties \$			
PAYER'S federal identification number 755057718		RECIPIENT'S identification number 847110351		3 Other income \$	4 Federal income tax withheld \$
RECIPIENT'S name Rachel Turner		5 Fishing boat proceeds \$		6 Medical and health care payments \$	Copy A For Internal Revenue Service Center File with Form 1096. For Privacy Act and Paperwork Reduction Act Notice, see the 2014 General Instructions for Certain Information Returns.
Street address (including apt. no.) 135 Villas Court #A		7 Nonemployee compensation \$ \$55,178.75		8 Substitute payments in lieu of dividends or interest \$	
City or town, state or province, country, and ZIP or foreign postal code W. Columbia, SC 29170		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale ☐		10 Crop insurance proceeds \$	
Account number (see instructions) 2nd TIN not ☐		11 \$		12 \$	
13a Section 409A deferrals \$		13b Section 409A income \$		13 Excess golden parachute payments \$	14 Gross proceeds paid to an attorney \$
15a Section 409A deferrals \$		15b Section 409A income \$		16 State tax withheld \$	17 State/Payer's state no. SC-547718391
Form 1099-MISC		Department of the Treasury - Internal Revenue Service		18 State income \$ \$55,178.75	19 State income \$

DETAILS

NOT RECORDED

RECORDED



Disclaimer for this list of SC Work Comp Codes

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List of South Carolina Workers' Compensation Class Codes

This page contains an exhaustive South Carolina workers compensation code list, utilizing paginated tabs. Tab 0 contains the (Four digit) SC workers compensation codes that begin with "0," Tab 1 contains SC workers compensation codes that begin with "1," tab 2 contains SC workers compensation codes that begin with "2," and so forth. On mobile devices, tabs are shown on the bottom of the page.

0000

0005 Farm
0008 Farm
0016 Farm—Orchard or Grove & Drivers
0018 Turpentine Farm & Drivers.
0034 Farm
0035 Farm—Florist & Drivers
0036 Farm—Dairy & Drivers
0037 Farm
0042 Landscape Gardening & Drivers.
0042 Street or Road Construction—Beautification Work & Drivers
0050 Brush or Weed Control by Contractor—Chemical & Drivers
0050 Farm Machinery Operation—By Contractor & Drivers

8742 Salespersons or Collectors—Outside

8742 U.S.O. Operations—Travelers Aid Society

8745 News Agent or Distributor of Magazines or Other Periodicals—Not Retail Dealer & Salespersons, Drivers

8748 Automobile

8748 Mobile, Manufactured, Modular, or Prefabricated Home Dealers—Salespersons

8748 Truck Leasing—Long-Term—Sales Employees

8755 Labor Union—All Employees.

8799 Mailing or Addressing Company or Letter Service Shop—Clerical Staff

8800 Mailing or Addressing Company or Letter Service Shop

8803 Auditor, Accountant, or Computer System Designer or Programmer—Traveling

8805 Clerical Office Employees NOC—Coverage Under the Federal Employers' Liability Act (FELA)—Program II—State Act Benefits

8810 Clerical Office Employees NOC.

8810 Computer—System Designers or Programmers—Exclusively Office

8810 Public Library or Museum—Professional Employees & Clerical

8810 Racetrack Operation—Horse or Dog—Pari-Mutuel Clerks, Cashiers, and Clerical Office Employees

8814 Clerical Office Employees NOC—Coverage Under the Federal Employers' Liability Act (FELA)—Program I

8815 Clerical Office Employees NOC—Coverage Under the Federal Employers' Liability Act (FELA)—Program II—USL&HW Act Benefits

8820 Attorney—All Employees & Clerical, Messengers, Drivers.

8820 Law Office—All Employees & Clerical, Messengers, Drivers.

8824 Retirement Living Centers—Health Care Employees

8825 Retirement Living Centers—Food Service Employees

8826 Retirement Living Centers—All Other Employees & Salespersons, Drivers

8829 Convalescent or Nursing Home—All Employees

8829 Home for Aged—All Employees

8829 Nursing or Convalescent Home—All Employees

8829 Rest Home—All Employees

8831 Artificial Insemination of Cattle—Professional Employees

8831 Hospital—Veterinary & Drivers

8831 Pet Grooming or Training & Drivers

8832 Dentist & Clerical.

8832 Physician & Clerical

8833 Asylum—Professional Employees
 8833 Hospital—Professional Employees
 8833 Sanitarium—Professional Employees
 8835 Home, Public, and Traveling Healthcare—All Employees
 8835 Homemaker Service—Physical Assistance
 8842 Group Homes—All Employees & Salespersons, Drivers
 8855 Banks and Trust Companies—All Employees, Salespersons, Drivers & Clerical
 8856 Check Cashing Establishments—All Employees, Salespersons, Drivers & Clerical
 8864 Social Services Organization—All Employees & Salespersons, Drivers
 8868 College—Professional Employees & Clerical
 8868 Religious Organization—Professional Employees & Clerical
 8868 School—Professional Employees & Clerical
 8869 Child Care Center—All Employees Including Clerical, Salespersons & Drivers.
 8869 Child Day Camp—All Employees Including Clerical, Salespersons & Drivers
 8869 Day Nurseries—All Employees Including Clerical, Salespersons & Drivers
 8871 Clerical Telecommuter Employees.
 8901 Telecommunications Co.: Office or Exchange Employees & Clerical

9000

9012 Building or Property Management—Property Managers and Leasing Agents & Clerical, Salespersons
 9012 Condominiums, Cooperatives or Time-Shares—Property Managers and Leasing Agents & Clerical, Salespersons
 9012 Mini-Storage Facilities or Flea Markets—Property Managers and Leasing Agents & Clerical, Salespersons
 9012 Mobile Home or Trailer Parks—Property Managers and Leasing Agents & Clerical, Salespersons
 9014 Chimney Cleaning—Residential—No Chimney Cleaning Above Ground Level & Drivers
 9014 Exterminator & Drivers
 9014 Furnace Cleaning—Vacuum Suction Method & Drivers
 9014 Janitorial Services by Contractors—No Window Cleaning Above Ground Level & Drivers
 9014 Mobile Power or Pressure Cleaning Service—No Power or Pressure Cleaning Above Ground Level & Drivers.
 9015 Bathhouse—Beach

EMPLOYMENT STATUS - A COMPREHENSIVE APPROACH

Under the common law test, is worker an employee if the purchaser of that worker's services has the right to direct or control the manner, both as to the final results and as to the details of the work, which the worker is to perform? **NO**

1. INSTRUCTIONS: **NO**

An Employer instructs employees about when, where and how the work is to be performed.

An Independent Contractor does the job in his or her own way with few, if any, instructions as to the details or methods of the work.

2. TRAINING: **NO NEVER**

Employees are often trained by a more experienced employee or are required to attend meetings or take training courses.

An Independent Contractor does his or her own methods and thus need not receive training from the purchaser of his or her services.

3. INTEGRATION: **NO CONSTRUCTION IS NOT NEARLY PERFORMED**

Services of an Employee are usually integrated into the firm's overall operations; the firm's business depends on that Employee's services.

An Independent Contractor's services are usually separate from the firm's business and are not integrated or merged into it.

4. SERVICES RENDERED PERSONALLY: **NO, NURSES OFTEN SWING BY**

An Employee's services must be rendered personally; Employees do not hire their own substitutes or delegate work to them.

A true Independent Contractor is able to delegate another to do the job in his or her place and need not perform services personally.

5. WORKING SUPERVISOR: **NO NEVER**

An Employee may act as a supervisor for the employer but, if so, he or she is not paid with the employer's funds.

An Independent Contractor cannot supervise, hire, pay, and supervise any help used and are responsible for the results of the help's labor.

6. CONTINUING RELATIONSHIP: **NO**

An Employee often continues to work for the same employer month after month or year after year.

An Independent Contractor is usually hired to do one job of limited or indefinite duration and has no expectation of continuing work.

7. SET HOURS OF WORK: **NO (THUS HE IS PROBABLY)**

An Employee may work "on call" or during hours fixed days as well by the employer.

A true Independent Contractor is the master of his or her own time and works the days and hours he or she chooses.

8. FULL TIME REQUIREMENT: **NO**

An Employee ordinarily devotes full-time services to the employer, or the employer may have a priority on the Employee's time.

A true Independent Contractor cannot be required to devote full-time service to one firm exclusively.

9. LOCATION WHERE SERVICES PERFORMED: **NO MANY WORKS IN FACILITY**

Employment is indicated if the employer has the right to mandate where services are performed.

An Independent Contractor usually works where he or she chooses. The workplace may be away from the employer's premises.

10. ORDER OR SEQUENCE SET: **NO WE ARE NOT PAYING TOO**

An Employee performs services in the order or sequence set by the employer. This allows control by the employer.

A true Independent Contractor is concerned only with the finished product and not with the order or sequence of work.

11. ORAL OR WRITTEN REPORTS: **NO NEVER**

An Employee may be required to submit regular oral or written reports about the work in progress.

An Independent Contractor is usually not required to submit regular oral or written reports about the work in progress.

12. PAYMENT BY THE HOUR, WEEK, OR MONTH: **NO NEARLY CONSTANTLY**

An Employee is typically paid by the employer in regular intervals, such as by the hour or week.

An Independent Contractor is typically paid by the job, either a negotiated fee or a negotiated percentage of a job.

13. PAYMENT OF BUSINESS & TRAVEL EXPENSE: **NO NEVER**

An Employer's business and travel expenses are either paid directly or reimbursed by the Employer.

An Independent Contractor usually pays for all of his or her own business and travel expenses without reimbursement.

14. PROVIDING TOOLS & EQUIPMENT: **NO NEVER**

Employees are furnished all necessary tools, materials, and equipment by the employer.

An Independent Contractor usually provides all of the tools and equipment necessary to complete the job.

15. SIGNIFICANT INVESTMENT: **YES LEAVING OUTGOING ECH EXPENSE, UNIFORM**

An Employee generally has little or no investment in the business. Instead, the Employee is dependent on the Employer.

A true Independent Contractor usually has a substantial financial investment in and independent business.

16. REALIZE PROFIT OR LOSS: **YES DEPENDENT UPON OTHER SERVICES**

An Employee does not ordinarily realize a profit or loss in the business. Instead, the Employee is paid for services rendered.

An Independent Contractor can often realize a profit or loss in the business. The Independent Contractor is responsible for the management of expenses and revenues.

17. WORKING FOR MORE THAN ONE FIRM AT A TIME: **YES**

An Employee usually works for one employer at a time and may be prohibited from taking a competing job.

An Independent Contractor often works for more than one client or firm at the same time and is not subject to a non-competition rule.

18. BUSINESS SERVICE AVAILABLE TO THE PUBLIC: **YES**

An Employee does not make his or her services available to the public except through the employer's company.

An Independent Contractor may advertise, carry business cards, hang out a shingle, or hold a separate business license.

19. RIGHT TO EXCHANGE WITHOUT LIABILITY: **NO**

An Employee can be discharged at any time without liability on the employer's part.

If the work is not the contract terms, an Independent Contractor cannot be held without liability for breach of contract.

20. RIGHT TO SUE WITHOUT LIABILITY: **NO**

An Employee may sue only if he or she has been wronged by the Employer's part.

An Independent Contractor is legally responsible for job completion and, on quitting, becomes liable for breach of contract.

C-91408

Behavioral Control

Essential

Behavioral control refers to facts that show whether there is a right to direct or control how the worker does the work. A worker is an employee when the business has the right to direct and control the worker. The business does not have to actually direct or control the way the work is done — as long as the employer has the right to direct and control the work.

The behavioral control factors fall into the categories of:

- Type of instructions given
- Degree of instruction
- Evaluation systems
- Training

Types of Instructions Given

An employee is generally subject to the business's instructions about when, where, and how to work. All of the following are examples of types of instructions about how to do work.

- When and where to do the work.
- What tools or equipment to use.
- What workers to hire or to assist with the work.
- Where to purchase supplies and services.
- What tasks must be performed by a specified individual.
- What order or sequence to follow when performing the work.

Degree of Instruction

Degree of instruction means that the more detailed the instructions, the more control the business exercises over the worker. More detailed instructions indicate that the worker is an employee. Less detailed instructions reflect less control, indicating that the worker is more likely an independent contractor.

Note: The amount of instruction needed varies among different jobs. Even if no instructions are given, sufficient behavioral control may exist if the employer has the right to control how the work results are achieved. A business may lack the knowledge to instruct some highly specialized professionals; in other cases, the task may require little or no instruction. The key consideration is whether the business has retained the right to control the details of a worker's performance or instead has given up that right.

Evaluation System

If an evaluation system measures the details of how the work is performed, then these factors would point to an employee.

If an evaluation system measures just the end result, then this can point to either an independent contractor or an employee.

Training

If the business provides the worker with training on how to do the job, this indicates that the business wants the job done in a particular way. This is strong evidence that the worker is an employee. Periodic or on-going training about procedures and methods is even stronger evidence of an employer-employee relationship. However, independent contractors ordinarily use their own methods.



Financial Control

Essential

Financial control refers to facts that show whether or not the business has the right to control the economic aspects of the worker's job.

The financial control factors fall into the categories of:

- Significant investment
- Unreimbursed expenses
- Opportunity for profit or loss
- Services available to the market
- Method of payment

Significant investment

An independent contractor often has a significant investment in the equipment he or she uses in working for someone else. However, in many occupations, such as construction, workers spend thousands of dollars on the tools and equipment they use and are still considered to be employees. There are no precise dollar limits that must be met in order to have a significant investment. Furthermore, a significant investment is not necessary for independent contractor status as some types of work simply do not require large expenditures.

Unreimbursed expenses

Independent contractors are more likely to have unreimbursed expenses than are employees. Fixed ongoing costs that are incurred regardless of whether work is currently being performed are especially important. However, employees may also incur unreimbursed expenses in connection with the services that they perform for their business.

Opportunity for profit or loss

The opportunity to make a profit or loss is another important factor. If a worker has a significant investment in the tools and equipment used and if the worker has unreimbursed expenses, the worker has a greater opportunity to lose money (i.e., their expenses will exceed their income from the work). Having the possibility of incurring a loss indicates that the worker is an independent contractor.

Services available to the market

An independent contractor is generally free to seek out business opportunities, independent contractors often advertise, maintain a visible business location, and are available to work in the relevant market.

Method of payment

An employee is generally guaranteed a regular wage amount for an hourly, weekly, or other period of time. This usually indicates that a worker is an employee, even when the wage or salary is reported by a commission. An independent contractor is usually paid by a flat fee for the job. However, it is common in some professions, such as law, to pay independent contractors hourly.

Read The Small Business and Self-Employed Website

Page Last Reviewed or Updated: 04-Oct-2016



Type of Relationship

Example

Type of relationship refers to facts that show how the worker and business perceive their relationship to each other.

The factors, or the type of relationship between two parties, generally fall into the categories of:

- Written contracts
- Employee benefits
- Permanency of the relationship
- Services provided as key activity of the business

Written Contracts

Although a contract may state that the worker is an employee or an independent contractor, this is not sufficient to determine the worker's status. The IRS is not required to follow a contract stating that the worker is an independent contractor, responsible for paying his or her own self-employment tax. Many tax parties work together to determine whether the worker is an employee or an independent contractor.

Employee Benefits

Employee benefits include things like insurance, pension plans, paid vacation, sick days, and disability insurance. Businesses generally do not grant these benefits to independent contractors. However, the lack of these types of benefits does not necessarily mean the worker is an independent contractor.

Permanency of the Relationship

If you hire a worker with the expectation that the relationship will continue indefinitely, rather than for a specific project or period, this is generally considered evidence that the intent was to create an employer-employee relationship.

Services Provided as Key Activity of the Business

If a worker provides services that are a key aspect of the business, it is more likely that the business will have the right to direct and control his or her activities. For example, if a law firm hires an attorney, it is likely that it will protect the attorney's position in case and would have the right to direct or control that work. This would indicate an employer-employee relationship.

Note: For Small Business and Self-Employment Status

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SERVICE AGREEMENT

This CONTRACT LABOR SERVICE AGREEMENT (hereinafter "Agreement") is made on this 11th day of March, 2015, by and between Countrywide Payroll & HR Solutions, Inc. DBA Countrywide Staffing Solutions Group, a Tennessee corporation (hereinafter referred to as "CSSG" or the "Company"), and Condustral, Inc. with a principal office located at 514 E. North Street, Greenville, SC 29601 (hereinafter referred to as "Client"). Collectively, CSSG and Client shall be hereinafter referred to as "the Parties."

WHEREAS, CSSG is a contract labor service (CLS) entity that wishes to outsource to Client one or more of the following functions: furnish Selected Staffing/Employees for client's normal business operations, staffing employee recruitment, job assignment, to obtain and provide workers' compensation insurance and/or employers liability insurance, payroll funding, and/or certain other functions.

WHEREAS, Client is a staffing entity who wishes to perform one or more of the above-referenced functions on an outsource basis on behalf of CSSG.

WHEREAS, Client and CSSG recognize that each will receive significant advantages from this Agreement.

NOW, THEREFORE, in consideration of the promises and mutual covenants contained herein, and for other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the parties hereto agree as follows:

1. **CSSG Services.** CSSG (through one of its subsidiaries at its option) will perform the following with respect to Selected Staffing/Employees performing services for Client based on timely, accurate, and complete information and payment provided by Client:

a. Furnish and/or Provide Selected Staffing/Employees to perform the type of work described on Exhibit B under Client's supervision at the locations specified on Exhibit B;

b. Reserved/Deleted;

c. Pay, withhold, and transmit all payroll, federal, state, or local taxes that are, or may be, assessed upon labor or employment furnished under this agreement; provide unemployment insurance and workers' compensation benefits; and handle unemployment and workers' compensation claims involving Selected Staffing/Employees;

d. Provide employer's liability insurance in amounts of \$1,000,000 for each accident and \$1,000,000 for each disease;

e. Establish and maintain an employee personnel file for each Assigned Employee and ensure that each personnel file meets all state and federal legal requirements, including all I-9 requirements; and

f. Perform all other administrative functions customarily performed by an employer for its employees to include but not be limited to recruiting, interviewing, selecting, hiring, training, and performing background checks as deemed necessary by CSSG.

g. CSSG agrees to provide or furnish, directly and/or through agents designated at the time of execution of this agreement, Client with Certificates of Insurance indicating compliance with and provision of all insurance coverage requirements provided in this agreement. Proof of insurance coverage and CSSG's Federal Tax ID Number will be submitted within 3 days of any request for same.

2. **Client Obligations.** Client shall:

a. Client shall make any and all strategic, operational and other business-related decisions regarding its business. Such decisions and related outcomes shall exclusively be the responsibility of Client and CSSG shall bear no



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responsibility or liability for any actions or inactions by Client or by any leased employee. Additionally, Client shall have sole and exclusive control over the day-to-day job duties of all leased employees and CSSG shall have no responsibility with regard to the leased employees' performance of such day-to-day job duties. Furthermore, CSSG shall have no control over the jobsite at which, or from which, leased employees perform their services. Control over the day-to-day duties of leased employees and over the job site at which, or from which, leased employees perform their services is solely and exclusively assigned to Client. Client expressly absolves CSSG of control over the day-to-day job duties of the leased employees and over the job site at which, or from which, leased employees perform their services. CSSG does not assume any responsibility for and makes no assurances, warranties, or guarantees as to the ability or competence of any leased employee. Client shall immediately report to CSSG all complaints, allegations or incidents of any misconduct or workplace safety violations, regardless of the source. This duty shall also include reporting all employment-related complaints, allegations or incidents of employment misconduct, including but not limited to sexual harassment matters. Client shall provide to CSSG complete and accurate disclosure of all circumstances surrounding such matters;

b. Provide Selected Staffing/Employees with a safe work site and provide appropriate information, training, and safety equipment with respect to any hazardous substances or conditions to which they may be exposed at the work site;

c. Submit timely, complete, and accurate payroll information (including gross wages earned, any deductions, time worked, leave/time off status, worker classification code, and overtime exempt status) for each Assigned Employee for each applicable payroll period at least three banking days prior to the date on which payroll is to be issued by CSSG. All information provided by Client to CSSG will be complete, accurate, and not misleading. Client is responsible for the security and transmission of information prior to actual receipt by CSSG;

d. Pay CSSG's invoices in full by guaranteed certified/cashier's funds or wire transfer of funds upon receipt of the invoice documented with signed time tickets for the Client's job assignments. Client will be responsible for any and all ACH and/or wire transfer fees. If invoices are not paid immediately upon receipt, Client shall be subject to the payment terms as stipulated in Section 4 herein;

e. Timely report to CSSG any and all claims for benefits made or pursued by any Selected Staffing/Employees, whether such claim for benefits is due to an occupational injury, employment termination, or otherwise. Client acknowledges that they will be charged a claims fee for each claim reported that is based on an occupational injury. This claims fee shall be specified in the attached Schedule A.

3. **Selected Staffing/Employees.** The parties agree that all labor and/or employment performed by the Selected Staffing/Employees under this agreement shall be performed under the mutual direction and control of both parties as co-employers, as recited throughout this agreement, including that CSSG:

- (a) Reserves a right of direction and control over leased employees assigned to Client's location, but not to the extent of prescribing how the work shall be performed. Client retains sufficient direction and control over the leased employees as is necessary to conduct Client's business and without which Client would be unable to conduct its business, discharge any fiduciary responsibility that it may have, or comply with any applicable licensure, regulatory or statutory requirement of Client Company;
- (b) Assumes responsibility for the payment of wages to the leased employees without regard to payments by Client to the leasing company;
- (c) Assumes full responsibility for the payment of payroll taxes and collection of taxes from payroll on leased employees;
- (d) Retains authority to hire, terminate, discipline, and reassign the leased employees. However, Client has the right to accept or cancel the assignment of any leased employee;
- (e) Retains a right of direction and control over management of safety, risk and hazard control at the worksite or sites affecting its leased employees, including (1) responsibility for performing safety inspections of client equipment and premises, (2) responsibility for the promulgation and administration of employment and safety policies; and (3) responsibility for the management of workers' compensation claims, claims filings and related procedures;

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although Client Company acknowledges that CSSG in either providing or not providing such assistance and responsibility assumes no liability; and

(7) Gives written notice of the relationship between CSSG and Client to each leased employee it assigns to perform services at Client's worksite

4. Service Fees. Client shall be entitled to service fees from CSSG for performing one or more of the following functions: recruiting employees, performing certain administrative functions, payroll funding, and procuring CLS customers for CSSG. Upon Client signing this Agreement and Schedule A which is attached to and an integral part of this Agreement, Client accepts the rates to be charged. Client shall not make any agreement, promise, or other agreement with any CLS customer to extend credit for payment to Countrywide Staffing Solutions Group of payroll, payroll taxes, unemployment insurance, workers' compensation insurance or any administrative functions without express written consent of CSSG.

Either CSSG shall perform the CLS customer billing and collection function or CSSG may outsource this function to Client to be performed on its behalf. This will be agreed upon before the execution of this Agreement and a box will be checked by Client on Schedule A reflecting and confirming this arrangement. If CSSG performs the CLS customer billing and collection function CSSG shall pay Client on a weekly basis for all CLS customer payments received by Countrywide Staffing Solutions Group during the previous week. This weekly payment will be equal to the amount CSSG invoices and collects from CLS customers procured by Client for recruited employees on assignment, plus other expenses, if any, less Schedule A rates per workers' compensation class code, times the gross wages of recruited employees on assignment in that applicable week. CSSG shall pay Client every Friday after CSSG has debited electronically the account of the CLS customer or negotiated a check from a third party payor, provided the third-party payor has paid CSSG's invoices in full for the services provided. Such amounts paid to Client shall be less any NSF and/or delivery charges. If Client performs the CLS customer billing, collection and funding function on behalf of CSSG, CSSG will bill and collect from Client per pay period, and in advance, an amount equal to Schedule A rates per workers' compensation class code times the gross wages of recruited employees on assignment in that applicable pay period ("Payroll Funding"). In such case, the amount due to CSSG will be ACH'd by CSSG from Client on Tuesday for a Friday payroll. The line on Schedule A stating that Client will perform this function must be checked upon execution of this Agreement to reflect this arrangement and agreement. In either case whether it be CSSG or Client that performs the CLS customer billing and collection function, the CSSG name must appear predominantly on all billing invoices issued in any way to CLS customers.

The rates shown in Schedule A are subject to change by CSSG based upon various factors with any change requiring written agreement and acceptance by Client prior to taking effect. Rates for workers' compensation class codes not shown in Schedule A to the Agreement that are applicable to a recruited employee's services on assignment to Client procured CLS customer, shall be established by and between CSSG and Client before any such rates are applied or used under the Agreement.

If CSSG is performing the billing and collection functions and CSSG's accounts receivable balance with any CLS customer has a negative balance, CSSG shall not be required to pay to Client any service fee under the Agreement until such receivable account shows a positive balance.

5. CLS Customer Contracts. Deleted

6. Work Environment. CSSG and CSSG's workers' compensation carrier shall have the right to inspect the premises of all CLS customers upon reasonable notice during normal business hours to access and recommend safety procedures. CSSG is responsible for the establishment, circulation, and administration of employment and safety policies, coordinating the management of workers' compensation claims and procedures. CSSG shall have the right to cease providing recruited employees to a third party if, in the reasonable opinion of CSSG, after consultation with Client and a reasonable time to cure, CSSG believes that the third party's worksite or any portion thereof or any practice or equipment of the third party presents an undue risk of injury or death to Selected Staffing/Employees. CSSG shall have the right to refrain from providing recruited employees to such third party until, in the opinion of CSSG, the unsafe worksite, practice or equipment is rectified to such an extent that the undue risk of injury or death no longer exists. Alternatively, Client may continue relationship with such third party in its reasonable business discretion if it obtains other insurance coverages for the provision of its Selected Staffing/Employees, apart from those provided under this agreement, and holds CSSG harmless for the provision of any such personnel.

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7. **Effective date and Term.** This Agreement shall be effective on the date signed by the last party to execute this Agreement and remain in force for the term of one (1) year (the "Initial Term"). Following the Initial Term, this Agreement shall renew for additional one (1) year periods unless terminated by either party per the terms of this Agreement.

8. **Termination.** Either party may terminate this Agreement for any reason with 60 days written notice to the other party. This Agreement may also be terminated by CSSG if Client materially breaches this Agreement if Client does not cure such breach or take substantial steps to cure such breach after 10 days written notice by CSSG to Client. CSSG may also terminate this Agreement if CSSG reasonably determines that a material adverse change has occurred in the financial condition or the business operation of Client, or that Client cannot or will not pay its obligations in the ordinary course of business, if Client does not cure such breach or take substantial steps to cure such breach after 10 days written notice by CSSG to Client of such concern/determination. This Agreement may also be terminated, upon five (5) days' notice by either party, in the event of any federal or state legislation, regulatory action or judicial decision that, in the sole discretion of the other party, materially adversely affects its ability to perform under this Agreement. These rights shall not be in derogation of any rights either party may have under this Agreement. Upon termination by either party of this Agreement, necessary Client information will be given to Client by CSSG.

9. **Indemnification.** Each party agrees to indemnify, defend and hold harmless the other party, its officers, shareholders, non-recruited employees, directors and agents from and against any and all losses, liabilities, expenses (including court costs and attorneys' fees) and claims for damage of any nature whatsoever, whether known or unknown as though expressly set forth and described herein, which the other may incur, suffer, become liable for, or which may be asserted or claimed against the other as a result of the actual or alleged acts, errors or omissions of the first party, including without limitation any violation or breach by the first party, or any claims whatsoever arising out of actual or alleged violations of wage and hour laws, tort law, and/or any federal or state employment related regulation or law. In the event that each party is required to defend against any claim or prosecute any claim by the breach or default in any provision of this Agreement to enforce the terms of this Agreement, the prevailing party shall be awarded all reasonable costs pertaining thereto, including reasonable attorneys' fees and costs in addition to any other relief to which the prevailing party may be entitled. Client agrees that access to real or personal property at Client's or a GLS customer's site, to any person who may be handicapped or disabled that Client has ownership or some other control, shall be the sole and exclusive responsibility of the Client. The parties further agree to hold harmless, indemnify, and defend each other, their officers, shareholders, employees, and directors, from any losses, liabilities, or attorneys' fees and claims for damage, for the consequences of any such breaches under this Agreement attributable in whole or in part to said party.

10. **Guarantee.** The individual signing this Agreement on behalf of Client (Guarantor) acknowledges that this Agreement constitutes a valuable benefit to Guarantor and accordingly, as an inducement to CSSG to enter into this Agreement, personally guarantees all obligations of Client under this Agreement (as it may be amended from time to time with written notice to Guarantor) and will save, indemnify, and hold harmless CSSG from Client's failures to meet its obligations and any costs (including court/arbitration costs and reasonable attorneys' fees) of enforcing this guarantee. Upon Client's failure to meet any obligation, CSSG may recover immediately from Guarantor without having to make demand on Client, and any discharge (including, without limitation, in bankruptcy) of any sum due from Client to CSSG other than by full payment will not discharge Guarantor, nor will claims against CSSG or assertions of set-off constitute a defense to an obligation of Guarantor. CSSG may enforce this guarantee by arbitration or suit in Knox County, Tennessee as provided elsewhere herein and Guarantor consents to personal jurisdiction and venue accordingly. Guarantor consents to be personally served by sending service to Client's last known place of business or by other legally sanctioned method. No delay or failure to enforce the terms of this provision will constitute a waiver or require future waivers. This guarantee is irrevocable and will survive any termination of this Agreement.

11. **Credit Checks and Information.** Both parties agree that the other may use credit reports and information during and after the approval process of this Agreement and/or the collection of any debt created by this Agreement. If one party requests, the other party will inform the other whether a credit report was requested and, if so, the name and address of the consumer reporting agency used.

12. **Confidential Information.** Each party shall keep the other party's business secrets, including but not limited to customer, supplier, logistical, financial, research and development information, business model, confidential and shall not disclose such information to any third party during and after termination of this Agreement without the written consent of the other party. Each party agrees not to divulge to anyone, any confidential information of the other party, that comes to

COUNTRYWIDE

staffing solutions group

his or her attention, except as absolutely necessary in the performance of his or her duties hereunder. Also each party agrees not to make any use of confidential information that is contrary to this Agreement.

13. Non-solicitation/non-circumvention by Countrywide Staffing Solutions Group. During the term of this Agreement and for a period of (1) one year after a termination of this Agreement, CSSG shall not, for itself, or any other entity, directly or indirectly, in any capacity, pirate, induce, solicit, or contact, CLS customers or recruited employees procured or recruited by Client for CSSG, or conduct business directly with the CSSG without Client being compensated per this Agreement, or to otherwise interfere with in any way any such business relationship.

14. Governing Law: Partial Invalidity. This Agreement and the respective rights and obligations of the parties hereto shall be governed by and determined solely in accordance with the laws of the State of Florida, without giving effect to its conflict of laws, principles or rules. If any provision of this Agreement shall be declared invalid under such laws, the validity of the other provisions shall remain in effect just as if the invalid portions had been omitted.

- a. In the event of any controversy or claim arising out of or relating to this Agreement or the breach or alleged breach hereof, each of us irrevocably agrees to submit the matter to mediation where such mediation shall be a condition precedent to any demand for arbitration. Each party shall bear their own costs and expenses for mediation. The costs of the mediator shall be borne equally by each party. The parties shall confer and agree upon a mutual mediator.
- b. Where mediation is unsuccessful, the parties shall submit the dispute to a binding arbitration to be administered by a single arbitrator selected from the list of panel arbitrators provided by the American Arbitration Association. Any arbitration proceeding shall be initiated by the complaining party serving a written demand for arbitration upon the other party. The written demand shall contain a detailed statement of the matter and facts supporting the demand and include copies of all related documents.
- c. The arbitration shall be conducted pursuant to the AAA arbitration rules and shall be administered by the AAA. The arbitrator shall be required to apply the substantive law of the State of Florida. The arbitrator shall make findings of fact and conclusions of law and shall have no authority to make any award which could not have been made by a Court that has jurisdiction over the parties.
- d. Any judgment obtained from the arbitration shall be binding and may be reduced to judgment in any Court having jurisdiction over the judgment debtor.

15. No Agency Relationship. Client shall not have the power or authority to execute any legal documents for or on behalf of CSSG or do anything to legally bind or obligate CSSG in any manner, apart from the provision of co-employment services by Selected Staffing/Employees under this Agreement. This Agreement does not in any way create an agency or employer relationship between CSSG and Client, other than as defined herein.

16. Non-solicitation/non-circumvention by Client. During the term of this Agreement and for a period of (1) one year after a termination of this Agreement, Client shall not, for itself, or any other entity, directly or indirectly, in any capacity, pirate, induce, solicit, contact, or respond to CSSG CLS customers or recruited employees not procured or recruited by Client for CSSG to terminate a business relationship with Client, or conduct business directly with the CSSG without Client being compensated per this Agreement, or to otherwise interfere with in any way any such business relationship.

17. Representations & Warranties. Each Party represents and affirms to the other that they each have the authority to execute, deliver, and perform under this Agreement; that there is no pending legal actions against either party that may interfere or prohibit either party from performing the contemplated services per this Agreement. Client hereby represents and warrants to CSSG that it is not subject to an agreement that would restrict Client from entering into this Agreement.

18. Assignment. Neither party may assign this Agreement or the benefit of this Agreement to any other entity without the written consent of the other party. Such consent shall not be unreasonably withheld.

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19. No Waiver. The failure by either CSSG or Client to insist upon strict performance of any of the provisions contained in this Agreement shall in no way constitute a waiver of any of its rights as set forth herein, at law or equity.

20. Entire Agreement, Amendment. This Agreement constitutes the entire understanding and agreement between the parties hereto. This Agreement may be modified or amended only by a written modification or amendment signed by both parties.

21. Rule of Construction. Since both parties hereto have had the opportunity to have this Agreement reviewed by counsel, the rule of construction regarding ambiguities to be construed against the drafter will not be applicable and is hereby voided.

22. Supremacy of the Agreement. This Agreement supersedes all previous Agreements or understandings between the parties hereto, and all other such Agreements or understandings, whether oral or written, shall become null and void as of the date of the execution hereof.

23. Successors. This Agreement shall be binding upon and insure to the benefit of the parties to this Agreement and their respective successors, assigns, and personal representatives.

24. Notices.

Each written notice provided for herein shall be given in writing and shall be mailed, in the case of a CSSG, to its principal offices and in the case of Client, to its principal offices. Such notice shall be considered given upon receipt when mailed by certified mail, return receipt requested, or by personal delivery.

25. Headings

The headings in the Agreement are intended for convenience or reference and shall not affect its interpretation.

26. No Third Party Beneficiaries

No rights of any third party are created by this Agreement and no person not a party to this Agreement may rely on any aspect of this Agreement notwithstanding any representation, written or oral, to the contrary.

[Signatures on Following Page]

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IN WITNESS WHEREOF, the Company has caused this Agreement to be executed by its duly authorized officer, and Broker has hereunto set its hand and seal, all as of the date(s) and year written below.

ACCEPTED AND APPROVED BY:

CountryWide Payroll & HR Solutions, Inc. DBA CountryWide Staffing Solutions Group (CSG)

Name: _____

Date: _____

Title: _____

Condustral, Inc. (Client)

Name: _____

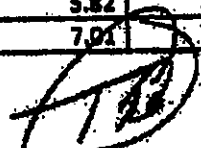
Date: _____

Title: _____

Exhibit A

No Loss Fund Program

State	W/C Code	ws	admin	auto	hita	FICA
DE	0008	11.49	1.125	3.72	1.50	7.65
DE	0009	10.06	1.125	3.72	1.50	7.65
DE	0018	9.18	1.125	3.72	1.50	7.65
FL	5183	6.01	1.125	3.24	0.60	7.65
FL	5190	6.51	1.125	3.24	0.60	7.65
FL	5221	6.88	1.125	3.24	0.60	7.65
FL	5742	0.54	1.125	3.24	0.60	7.65
FL	5810	0.28	1.125	3.24	0.60	7.65
GA	2632	5.79	1.125	3.24	1.80	7.65
GA	3724	6.46	1.125	3.24	1.80	7.65
GA	5180	5.39	1.125	3.24	1.80	7.65
GA	5221	6.75	1.125	3.24	1.80	7.65
GA	5808	2.12	1.125	3.24	1.80	7.65
GA	5810	0.24	1.125	3.24	1.80	7.65
MD	5146	8.55	1.125	3.12	0.60	7.65
MD	5497	10.57	1.125	3.12	0.60	7.65
MD	5808	1.64	1.125	3.12	0.60	7.65
MD	6217	7.19	1.125	3.12	0.60	7.65
MD	7380	7.17	1.125	3.12	0.60	7.65
MD	5742	0.39	1.125	3.12	0.60	7.65
MD	5810	0.18	1.125	3.12	0.60	7.65
MD	9015	4.08	1.125	3.12	0.60	7.65
MB	8292	2.95	1.125	3.24	1.80	7.65
NC	3632	4.07	1.125	1.44	1.80	7.65
NC	5146	9.62	1.125	1.44	1.80	7.65
NC	5183	6.82	1.125	1.44	1.80	7.65
NC	5190	6.60	1.125	1.44	1.80	7.65
NC	5221	6.00	1.125	1.44	1.80	7.65
NC	5835	10.45	1.125	1.44	1.80	7.65
NC	8292	5.53	1.125	1.44	1.80	7.65
NC	5742	0.58	1.125	1.44	1.80	7.65
NC	5810	0.25	1.125	1.44	1.80	7.65
SC	2305	2.85	1.125	2.41	2.40	7.65
SC	2881	3.35	1.125	2.41	2.40	7.65
SC	3365	11.89	1.125	2.41	2.40	7.65
SC	3632	4.93	1.125	2.41	2.40	7.65
SC	3724	6.23	1.125	2.41	2.40	7.65
SC	3808	7.51	1.125	2.41	2.40	7.65
SC	5022	12.00	1.125	2.41	2.40	7.65
SC	5146	8.00	1.125	2.41	2.40	7.65
SC	5183	5.82	1.125	2.41	2.40	7.65
SC	5190	7.01	1.125	2.41	2.40	7.65


 CORRECT AS
 AGREED
 T. W.

161

SC	5221	6.47	1.125	2.41	2.40	7.65
SC	5437	9.91	1.125	2.41	2.40	7.65
SC	5478	8.16	1.125	2.41	2.40	7.65
SC	5535	10.42	1.125	2.41	2.40	7.65
SC	5608	2.28	1.125	2.41	2.40	7.65
SC	6217	8.73	1.125	2.41	2.40	7.65
SC	7380	6.69	1.125	2.41	2.40	7.65
SC	7605	9.98	1.125	2.41	2.40	7.65
SC	8292	6.88	1.125	2.41	2.40	7.65
SC	8742	0.70	1.125	2.41	2.40	7.65
SC	8810	0.34	1.125	2.41	2.40	7.65
SC	8829	3.49	1.125	2.41	2.40	7.65
SC	8833	1.78	1.125	2.41	2.40	7.65
SC	8914	4.01	1.125	2.41	2.40	7.65
SC	9102	3.95	1.125	2.41	2.40	7.65
TN	9832	5.75	1.125	3.24	0.60	7.65
TN	5180	4.76	1.125	3.24	0.60	7.65
TN	6221	7.25	1.125	3.24	0.60	7.65
TN	7605	2.98	1.125	3.24	0.60	7.65
TN	8292	9.72	1.125	3.24	0.60	7.65
TN	8742	0.49	1.125	3.24	0.60	7.65
TN	8810	0.25	1.125	3.24	0.60	7.65
TN	9102	3.90	1.125	3.24	0.60	7.65
Total						


CORRECT AS ABOVE

7 Tny

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Set-up Fee: \$2,859.00, due upon signing
Minimum fee: shall be calculated based on actual weekly production, payable in weekly installments,
weeks 1-52

CSSG

Country Wide Payroll & HR Solutions, Inc. DBA
Country Wide Staffing Solutions Group

By: [Signature]

Name: Mr. Huser

Title: Owner

Date: 3-26-15

Client

Condustrail, Inc.

By: [Signature]

Name: Joseph D. [Signature]

Title: President

Date: 3-26-15

8. Once Condustrail has processed payroll by Wednesday morning, Condustrail will send a complete electronic file to CW by noon each Wednesday that will be employee specific with all payroll transactions shown and Condustrail will include a recap of:
- a. the amount of taxes withheld
 - b. employer matching taxes
 - c. SUTA, FUTA, FICA, MED
 - d. workers compensation premiums using CW rates
 - e. 1.25% fee of the gross payroll amount.
9. Once the file referenced in line item 7 above has been received by CW and confirmed as correct to Condustrail via email, or, in the event of an error, revisions made by CW and returned to Condustrail and thus re-confirmed as correct, Condustrail will then wire that total amount to CW as instructed by CW within 4 hours of having received the confirmation of correctness by CW.
10. Condustrail will process and withhold all employee deductions for health insurance, pay advances, etc. and remit those to the entity due on behalf of the employees.
11. Condustrail will then pay all employee directly as "net-check"
12. CW agrees to report all required payroll tax reports and remit those monies on Condustrail's behalf.
13. For USL&H projects that are covered by the workers compensation of Condustrail and not covered under any of the policies of CW, Condustrail will process that payroll with an agreed "no workers comp due". These employees will be processed as normal concerning all payroll taxes, exclusive of USL&H coverage.
14. All employees that work on any owner controlled insurance project (OCIP), or client controlled insurance program (CCIP) will be processed the same as those referenced in line item 13 above and incur no workers compensation premium. These employees will be processed as normal concerning all payroll taxes, exclusive of workers comp coverage.
15. In order to avoid employees receiving two W-2's for 2015, and the fact that all employees are agreed as being reported under Condustrail FEIN and state tax account numbers, Condustrail will produce W-2's for all employees for the current 2015 year. CW payroll administrator will work with Condustrail's controller to insure all payroll records and filing tie to Form W-2's. After this year, we can revisit this scenario if requested by CW.

ACKNOWLEDGED AND AGREED:

(Signature page follows)



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CountryWide Payroll & HR Solutions, Inc. DBA CountryWide Staffing Solutions Group
(CSSG)

Name: [Signature] Date: 3-26-15

Title: PROD

Conduetrial, Inc. (Client)

Name: Tony [Signature] Date: 3-26-15

Title: President

1666

March 24, 2015

Scott Hanson and Theodore G. Bryant
Countrywide HR

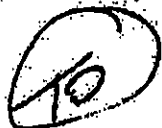
Re: Procedural Amendment to CONTRACT LABOR SERVICE AGREEMENT

Scott and/or Ted,

Pursuant to our discussions and revisions of the Agreement referenced above between Countrywide Payroll & HR Solutions, Inc. and Condustral, Inc., this letter memorandum will serve as a modification and/or amendment of the same, pursuant to paragraph 20 contained therein, as evidenced by the parties' signatures below, to be signed contemporaneously with the Agreement and incorporated therein by reference.

Accordingly, the parties agree that they will both use their commercially reasonable best efforts to ensure that the procedural instructions set out below shall be observed, maintained, and followed in performing the appropriate services under the CONTRACT LABOR SERVICE AGREEMENT between the undersigned parties:

1. Existing Condustral employee's information (SSN, address, withholdings, etc.) will be provided to Countrywide in an electronic format that is compatible with CW's software requirements.
2. Future new hires of Condustral will continue to complete Condustral employment applications and Condustral will also complete any personnel paperwork as needed for CW
3. E-verify and any other background checks will be the sole responsibility of Condustral and all expenses borne by Condustral
4. New employees will be entered directly into the CW system weekly, or if requested by CW, Condustral will provide all new employee's info to CW in an electronic format that is compatible with CW's software requirements.
5. Condustral will process payroll on a weekly basis and provide that weekly information to CW in an electronic format that is compatible with CW's software requirements.
6. It is agreed that the reporting of all payroll related taxes, (FUTA, SUTA, FICA, Medicare, etc.) will be reported under the current FEIN and specific state account numbers of Condustral. This will avoid "SUTA dumping" issues and keep all tax entities static in reporting procedures.
7. Condustral will maintain the current wage/tax basis of all existing employees and will not re-set those wage basis until January 2016 as is standard.



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8. Once Condustrial has processed payroll by Wednesday morning, Condustrial will send a complete electronic file to CW by noon each Wednesday that will be employee specific with all payroll transactions shown and Condustrial will include a recap of:
 - a. the amount of taxes withheld
 - b. employer matching taxes
 - c. SUTA, FUTA, FICA, MED
 - d. workers compensation premiums using CW rates
 - e. 1.25% fee of the gross payroll amount.
9. Once the file referenced in line item 7 above has been received by CW and confirmed as correct to Condustrial via email, or, in the event of an error, revisions made by CW and returned to Condustrial and thus re-confirmed as correct, Condustrial will then wire that total amount to CW as instructed by CW within 4 hours of having received the confirmation of correctness by CW.
10. Condustrial will process and withhold all employee deductions for health insurance, pay advances, etc. and remit those to the entity due on behalf of the employees.
11. Condustrial will then pay all employee directly as "net-check"
12. CW agrees to report all required payroll tax reports and remit those monies on Condustrial's behalf.
13. For USL&H projects that are covered by the workers compensation of Condustrial and not covered under any of the policies of CW, Condustrial will process that payroll with an agreed "no workers comp due". These employees will be processed as normal concerning all payroll taxes, exclusive of USL&H coverage.
14. All employees that work on any owner controlled insurance project (OCIP), or client controlled insurance program (CCIP) will be processed the same as those referenced in line item 13 above and incur no workers compensation premium. These employees will be processed as normal concerning all payroll taxes, exclusive of workers comp coverage.
15. In order to avoid employees receiving two W-2's for 2015, and the fact that all employees are agreed as being reported under Condustrial FEIN and state tax account numbers, Condustrial will produce W-2's for all employees for the current 2015 year. CW payroll administrator will work with Condustrial's controller to insure all payroll records and filing tie to Form W-2's. After this year, we can revisit this scenario if requested by CW.

ACKNOWLEDGED AND AGREED:

(Signature page follows)



165

CountryWide Payroll & HR Solutions, Inc. DBA CountryWide Staffing Solutions Group
(CSSG)

Name: [Signature] Date: 3-26-15

Title: prod

Conduetrial, Inc. (Client)

Name: Tony Graham Date: 3-25-15

Title: President

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/7/2015 7

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
TriGen Insurance Solutions, Inc.
315 SE Nixner Blvd.
Suite 213
Boca Raton FL 33432

CONTACT NAME: Chris Rhoden
PHONE (A/C No. Ext): (877) 987-4436 FAX (A/C No.): (954) 252-4426
E-MAIL ADDRESS: cert@trigengroupinc.com

INSURER(S) AFFORDING COVERAGE

NAIC#

INSURER A: Guarantee Insurance Company 11398

INSURER B:

INSURER C:

INSURER D:

INSURER E:

INSURER F:

INSURED
(877) 257-6662
CountryWide Staffing Solutions Group, Inc.,
CountryWide PEO, Inc., et al., L/C/P
CONDUSTRAL INC.
707 Mendham Boulevard, Suite 201
Orlando FL 32825

COVERAGES

CERTIFICATE NUMBER: Cert ID 9982

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	ADOL SUBR INSD WVR	POLICY NUMBER	POLICY EFF. (MM/DD/YYYY)	POLICY EXP. (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE \$
	☐ CLAIMS-MADE ☐ OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence) \$
						MED EXP (Any one person) \$
						PERSONAL & ADV INJURY \$
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE \$
	☐ POLICY ☐ PRO-JECT ☐ LOC					PRODUCTS - COMP/OP AGG \$
	☐ OTHER:					\$
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident) \$
	☐ ANY AUTO ☐ SCHEDULED AUTOS					BOODLY INJURY (Per person) \$
	☐ ALL OWNED AUTOS ☐ NON-OWNED AUTOS					BOODLY INJURY (Per accident) \$
	☐ HIRED AUTOS					PROPERTY DAMAGE (Per accident) \$
						\$
	UMBRELLA LIAB	☐ OCCUR				EACH OCCURRENCE \$
	EXCESS LIAB	☐ CLAIMS-MADE				AGGREGATE \$
	☐ DED ☐ RETENTIONS					\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	☒ Y/N	WCP5000697010IC	6/30/2015	6/30/2016	☒ PER STATUTE ☐ OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	☐ N/A				E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
						E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

Coverage is provided for leased employees but not subcontractors or non-leased employees of CONDUSTRAL INC. Location coverage effective 6/30/2015.



CERTIFICATE HOLDER

CANCELLATION

CONDUSTRAL PROFESSIONALS, INC.

765 Longs Point Road

Mt Pleasant SC 29464

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

© 1988-2014 ACORD CORPORATION. All rights reserved.

ACORD 25 (2014/01)

The ACORD name and logo are registered marks of ACORD



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/13/2016

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 SUNZ Insurance Solutions, LLC ID: (Essential)
c/o Essential HR, Inc. dba FirstStar HR
4455 LBJ Freeway, Suite 1080
Dallas, TX 75244

CONTACT NAME: Jennifer Hauger
PHONE (A/C No./Ext): 972-404-0295 FAX (A/C No.):
E-MAIL: jennifer.hauger@firststarhr.com
ADDRESS:
INSURER(S) AFFORDING COVERAGE NAIC#
INSURER A: Benchmark Insurance Company 41394
INSURER B:
INSURER C:
INSURER D:
INSURER E:
INSURER F:

INSURED
Essential HR Inc
dba FirstStar HR
4455 LBJ Freeway
Suite 1080
Dallas TX 75244

COVERAGES

CERTIFICATE NUMBER: 31750259

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.

INSURER	TYPE OF INSURANCE	ADDENDUM (IND. NO.)	POLICY NUMBER	POLICY EFF. (MM/DD/YYYY)	POLICY EXP. (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☐ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ ISO ☐ LOC OTHER:					EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Per occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMPROP AGG OTHER:
	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ HIREN AUTOS ONLY ☐ NON-OWNED AUTOS ONLY					COMBINED SINGLE LIMIT (Per accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
	UMBRELLA LIAB ☐ EXCESS LIAB ☐ OCCUR ☐ CLAIMS-MADE DED ☐ RETENTIONS					EACH OCCURRENCE AGGREGATE OTHER:
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETARY PARTNER/EXECUTIVE OFFICER MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	VIA N/A	WCPEOB000601	12/14/2015	10/1/2016	☒ PER. ☐ STATUTE ☐ OP-ER EL EACH ACCIDENT \$ 1,000,000 EL DISEASE - EA EMPLOYEE \$ 1,000,000 EL DISEASE - POLICY LIMIT \$ 1,000,000

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

Coverage provided for all leased employees but not subcontractors of: Condustral, Inc. 514 E. North St
Client Effective Date: 12/14/2015

CERTIFICATE HOLDER

68700006

South Carolina Department of Corrections
4444 Broad River Road
Columbia SC 29210

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.

AUTHORIZED REPRESENTATIVE

Glen J Distefano

ACORD 25 (2016/03)

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
1/4/2017

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 KeenanSuggs, Inc 55 East Camperdown Way Suite 350 Greenville SC 29601		CONTACT Shirley Watson PHONE (864) 288-4950 FAX (864) 288-8020 EMAIL ADDRESS	
INSURED Condustrail, Inc Corporate Office 514 E North Street Greenville SC 29601		INSURER(S) AFFORDING COVERAGE INSURER A: Zurich American INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES CERTIFICATE NUMBER: 15-17 Master Care 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.

ITEM	TYPE OF INSURANCE	ADDITIONAL	POLICY NUMBER	POLICY EFF. DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ Fixed & Non-Owned Auto Liability - \$1,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☒ PROJECT ☐ LOC OTHER:		27A931450702 Bike AT, status & Walver included when required by written Contract	8/14/2016	8/14/2017	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMPOUND AGG \$ 3,000,000 Damage to Premises Rented \$ 100,000 COMBINED SINGLE LIMIT (Ea occurrence) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per occurrence) \$ PROPERTY DAMAGE (Per occurrence) \$ Uninsured motorist combined \$ 1,000,000
A	AUTOMOBILE LIABILITY ☐ ANY AUTO ☒ ALL OWNED AUTOS ☐ HIRE AUTOS ☐ SCHEDULED AUTOS ☐ NON-OWNED AUTOS		2AP551354602 Walver of subrogation included when required by written Contract	8/14/2016	8/14/2017	COMBINED SINGLE LIMIT (Ea occurrence) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per occurrence) \$ PROPERTY DAMAGE (Per occurrence) \$ Uninsured motorist combined \$ 1,000,000
A	☒ UNRECEIVED LIAB ☐ EXCESS LIAB DED RETENTION \$ ☒ OCCUR ☐ CLAIMS-MADE		12A651325302 Includes GL, Auto, WC & Professional	8/14/2016	8/14/2017	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 PER STATUTE OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICEMEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A				
A	Employee Dishonesty		27A931450702	8/14/2016	8/14/2017	Written Party \$1,000,000
A	Professional & Med Mal		27A931450702	8/14/2016	8/14/2017	Claims Made Form \$1M/\$3M

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate holder is additional insured as required by written contract.

CERTIFICATE HOLDER South Carolina Department of Corrections 4542 Broad River Rd. Columbia, SC 29210	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. AUTHORIZED REPRESENTATIVE Shirley Watson/SWATED <i>Shirley Watson</i>

ACORD 25 (2014/01)
INS025 (01/11)

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Claimant's Name: Rachel Turner
Address: 135 Villas Court, Apt A
City: West Columbia State: SC Zip: 29170
Home Phone: _____ Work Phone: _____
Employer's Name: Condustral, Inc.
Address: 105 East North Street
City: Greenville State: SC Zip: 29601
Carrier: Patriot Risk Services, Inc.
Preparer's Name: William R. Harbison
Preparer's Phone #: (803) 724-1709

A claim for workers' compensation benefits is made based on the following grounds:

☒ Injury ☐ Illness ☐ Repetitive Trauma

1. Compensation Rate: \$TBD 2. AWW: \$TBD Date of Injury: September 5, 2015
3. Type of injury and body part(s): Psychological (Denied claim)
4. Facts in controversy: See Attached

5. Legal issues involved: See No. 4 and attached: S.C. Code Ann. §642-1-130; 42-1-40; 42-1-400 et seq.; 42-9-260; 42-9-10; Wilkinson v. Palmetto State Transp. 382 S.C. 295, 676 S.E.2d 700 (2009); Stephen v. Avins Construction Co., 324 S.C. 334, 478 S.E. 2d 74 (1996); Administrative Determination of SCDEW regarding Condustral Nurses (6/1/16).

6. Unusual aspects: See Attached

7. Witnesses (designate if expert)*: Claimant: All witnesses listed on Pre-Hearing Briefs of other parties. Representatives from Guarantee Insurance Company/Patriot National and Countrywide (live, by telephone/teleconference and/or by deposition), including, but not limited to, Becky Barnette, Zach Collier, George Kaspars, Mike Neil, Jess Carrillo and/or Daniel Rivero. Also: Representatives from Condustral, including, but not limited to, Tom Sears, Tony Durham and Holly Seeb; SCDC representatives, including, but not limited to, Kristen Hildebrand, Darryl McLaughlin, Justin Gudvangen and 30(b)(6) designees from SCDC and State Accident Fund. Defendants reserve the right to add witnesses.

Exhibits: Claimant's deposition; Transcripts of all depositions taken, including depositions of Tom Sears, Jess Carrillo, George Kaspars, Kristen Hildebrand, Darryl McLaughlin, Becky Barnette, Justin Gudvangen and SCDC and other 30(b)(6) designees. Personnel, wage, tax, payroll and/or attendance records (S attached APA Notice of Witnesses and Evidentiary Submissions). Defendants reserve the right to submit and rely on additional exhibits.

9. Medical evidence (indicate report pursuant to R.67-612; deposition or appearance): See attached APA Notice of Witnesses and Evidentiary Submissions.

10. Name, address, and specialty, if any, of the treating physician: Unknown

11. Impairment rating(s); body part(s); physician and date of opinion: Unknown

12. I am amending my Form 50/51 in the following manner: N/A

☐ **Mediation**

- ☐ a. Mediation is requested to be ordered pursuant to Reg. 67-1801 B.
☐ b. Mediation is required pursuant to Reg. 67-1802.
☐ c. Mediation is requested by consent or the Parties pursuant to Reg. 67-1803.
☐ d. Mediation has been conducted by a duly qualified mediator and resulted in an impasse.

Questions regarding mediation may be submitted to mediation@wcc.sc.gov.

I verify the contents of this form are accurate and true to the best of my knowledge.

I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to Stephen Samuels, Esquire, Lisa Glover, Esquire, Erin Farthing, Esq., Jeff Goodwyn, Esquire and Medustrial on the 2nd day of June 2017 by ☒ **first class postage** ☐ **certified mail** ☐ **personal service**

Signature: William R. Harbison
William R. Harbison, Gallivan, White & Boyd, P.A.

Email: wharbison@GWBlawfirm.com

Date of hearing: June 12, 2017

Time needed for hearing: 1-2 days

Questions about the use of this form should be directed to the Jurisdictional Commissioner. Refer to Regulations 67-204 through 67-211 and Regulations 67-601 through 67-615; as well as Regulation 67-1801. File this form and proof of service on the opposing party according to R.67-611 through R.212. Do not send medical reports. *Commissioners reserve the right to admit expert witnesses at hearings.

STATE OF SOUTH CAROLINA
COUNTY OF RICHLAND

Rachel Turner,

Claimant,

-vs-

Condustrual, Inc.

Employer,

and

Patriot Risk Services, Inc.,

Carrier/Defendants.

BEFORE THE SOUTH CAROLINA
WORKERS' COMPENSATION
COMMISSION

W.C.C. FILE NO. 1514359

NOTICE OF WITNESSES AND WRITTEN
REPORT(S)/PHYSICIAN OR OTHER EVIDENCE
TO BE INTRODUCED ON BEHALF OF
DEFENDANTS

TO: SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION AND STEPHEN B.
SAMUELS.

YOU ARE HEREBY NOTIFIED THAT THE defendants, pursuant to the provisions of the South Carolina Workers' Compensation Act and South Carolina Code Section 1-23-330, (1976, as amended), herewith submit the following reports/physician and/or other evidence and exhibits on behalf of the defendants, to wit:

Tab	Physician	Date	Page
9	Facility Expectations	2/7/13	313
10	Consent Form as Contractor	2/7/13	314
11	LPN Job Description	undated	315-316
12	New Hire/Rehire Checklist	2/23/12	317
13	Independent Contractor Application	10/9/14	318
14	Drivers License and SS Card	9/7/07	319
15	New Hire File Contents Orders (1099 employee)	undated	320-321

16	Substance Abuse Policy/Consent	10/9/14	322
17	Experience Checklist	10/9/14	323-325
18	Claimant's W-9	10/9/14	326
19	Condustrual/Medustrial Daily Log following alleged accident	9/5/15 - 9/24/15	327-329
20	Correspondence from Condustrual to Claimant offering light duty	9/24/15	330
21	Claimant's Federal/State Income Tax Returns (w/1099) – 2013	12/10/14	331-344
22	Claimant's Federal/State Income Tax Returns (w/1099) – 2014	4/20/15	345-365
23	Claimant's Federal/State Income Tax Returns (w/1099) – 2015	2/17/16	366-374
24	Guarantee Ins. Co. Policy for Countrywide Staffing Solutions Group	6/30/15 - 6/30/16	375-534
25	Guarantee Ins. Co. Endorsement to Policy	7/30/15	375-534

26	Guarantee Insurance Co. Audit Information and Summary	6/30/15 - 4/22/16	568-591
27	Condustral Payroll submitted to Countrywide - August 2015	8/1/15 - 8/31/15	592-641
28	Countrywide Payroll submitted to Countrywide - September 2015	9/1/15 - 9/30/15	642-710
29	SCDEW Administrative Determination regarding Condustral Nurses	6/1/16	711-716
30	<i>Stephen v. Avins Construction Co.</i> , 324 S.C. 334, 478 S.E. 2d 74 (1996)	10/7/96	717-725
31	<i>Wilkinson v. Palmetto State Transp.</i> 382 S.C. 295, 676 S.E.2d 700 (2009)	5/4/09	726-734
	Transcripts from all depositions taken in the claim, including depositions of: Claimant, Tom Sears, Jess Carrillo, George Kaspars, Becky Barnette, Kristen Hildebrand, Darryl McLaughlin, Justin Gudvangen and 30(b)(6) designees of SCDC. (To be used and/or submitted at Hearing)		

CSSG/GIC reserve the right to submit additional APA Submissions

YOU ARE FURTHER HEREBY NOTIFIED that you have the right to cross-examination; and, should you desire to exercise said right, you are to forthwith schedule the deposition(s) of any of the physicians or other person(s), whose reports are submitted, for the purposes of cross-examination.

YOU ARE FURTHER NOTIFIED that the originals of the documents referred to herein, or photocopies received from said physicians/ others, will be submitted to the Commissioner at the hearing for insertion in the file of the South Carolina Workers' Compensation Commission and inclusion into evidence on behalf of the defendants.

YOU ARE FURTHER NOTIFIED that the following witnesses may be called on behalf of the defendants: Claimant; All witnesses listed on Pre-Hearing Briefs of other parties. Representatives from Guarantee Insurance Company/Patriot National and Countrywide (live, by telephone/teleconference and/or by deposition), including, but not limited to, Becky Barnette, Zach Collier, George Kaspar, Mike Neil, Jess Carrillo and/or Danel Rivero. Also: Representatives from Condustral, including, but not limited to, Tom Sears, Tony Durham and Holly Seeby; SCDC representatives, including, but not limited to, Kristen Hildebrand, Darryl McLaughlin, Justin Gudvangen and 30(b)(6) designees from SCDC and State Accident Fund; Defendants reserve the right to add witnesses.

Respectfully submitted,



William R. Harbison
Gallivan, White & Boyd, P.A.
P.O. Box 7368
Columbia, SC 29202
(803) 724-1709
Attorney for Defendants

Countrywide Staffing Solutions Group and
Guarantee Insurance Company.

Columbia, S.C.
June 2, 2017

State

SC DOC WORK WEEK
SC DMH

Sun, m, T, W, Th, F, S

the cards if need / On Monday
by 10 AM

Facility Expectations

Professionalism

Our clients expect all contact persons to dress in a professional manner. Each client may require particular attire when working at their facility. Our office staff will inform you of any special dress requirements. Always good hygiene, clean and neat uniform scrubs are required. Nails, shoes or clean white tennis shoes are acceptable.

Proper attitude is very important at all times with all patients and family personnel. Should you encounter a problem with a staff member or a patient, remain professional, complete your accepted referral, and inform Medustrial, Inc. at the conclusion of your accepted referral. Any situation that must be dealt with immediately, do not hesitate to call the agency so they can deal with the issue.

Contract Pay

All clients are individual and have different requirements. We base our contract rates on many different things; therefore, all facilities have different rates. Be sure your contract rates have been negotiated and discussed prior to acceptance of a referral. No independent contractor is automatically entitled to overtime. All "overtime" or increase in contract rate must be pre-approved by the client prior to all accepted referrals. No elevated rates will be paid without pre-approval by the client to Medustrial, Inc.

Cancellations "No Call No Show"

All independent contractors are required to give four (4) hour notice of cancellation prior to the shift start time to avoid paying a penalty. If any independent contractor gives three (3) hours advance notice the penalty will be one (1) hour of contract pay forfeited. For two hours advance notice the penalty will be two (2) hours of contract pay forfeited. For one hour advance notice the penalty will be three (3) hours of contract pay forfeited. For any cancellation under one (1) hour notice the penalty will be four (4) hours of contract pay forfeited. For any "no call no show" the contractor will have four (4) hours of pay forfeited.

NOTE: IF A CONTRACTOR NO CALL NO SHOWS ON HIS/HER FIRST SHIFT WITH MEDUSTRIAL, THE CONTRACTOR WILL BE AUTOMATICALLY REMOVED FROM MEDUSTRIAL'S REGISTRY

I have read and understand the above statements:


Contractor's Signature

2/7/13
Date

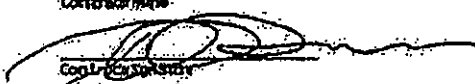
000053

X

I, Rachel Turner consent as a Contractor to permit Medustrial, Inc. to
obtain a copy of my SLED report as required by South Carolina state law.

Rachel Turner

Contractor name


Contractor signature

9/7/13

Date

000054

X



A Division of CONSTRUCTION, Inc.
810 DuPont Square Blvd. Suite 115 • Columbia, SC 29201
803.454.1378 Office • 803.454.1040 Fax

Independent Contractor Application

This application is for a R.N. X J.P.N. C.N.A. Other (please check one)

NAME (as appears on your License of Certification): <u>Rachel Turner</u>		DATE: <u>10/9/14</u>
ADDRESS: <u>135 Willow Ct. #A</u>		S.S. #: _____
City, State, Zip: <u>W. Col. SC 29170</u>		Date of Birth: _____ *Required for verification purposes
PHONE NUMBERS: Home: (____) _____ Cell: (757) 803-1963 Work: (____) _____ E-mail: _____		Are you a U.S. Citizen? Yes <u>X</u> No _____
S.C. Nursing License or Certification Number: _____		In case of emergency, please notify: Name: <u>Kathleen Richmond</u> Phone: _____ Relationship: <u>Sister</u>
Expiration Date: _____		Shift Preference (in order): 1st <u>X</u> _____ You may leave blank any 2nd <u>X</u> _____ shifts you desire NOT to 3rd <u>X</u> _____ work
Do you own a car or have reliable transportation? <u>X</u> Yes <u>No</u>		Geographic Preference: _____

EDUCATION	NAME & LOCATION	YEARS ATTENDED	DEGREE & DATE
High School	<u>Horizon High</u>	<u>4</u>	<u>In Progress</u>
Technical School	<u>Pacific Coast College</u>	<u>2</u>	<u>CNA</u>
College			
Other			

CPR Expiration Date: _____	Malpractice &/or Liability Insurance
Date of Last PPD or Chest X-ray: <u>10/9/14</u>	Policy #: _____
ACLS (Date Issued): _____	Certifier: _____
Date of Last Physical: _____	Critical Care Course - Date: _____
Have you ever had disciplinary action taken against any of your nursing licenses or certifications? <u>Yes</u> <u>X</u> No	Where: _____
If yes, explain: _____	Have you ever been convicted of a crime (felony)? <u>Yes</u> <u>X</u> No If Yes, when & explain: _____
What is the minimum hourly wage you will accept? <u>22.66</u>	Were you referred? If so, please indicate who referred you _____
	Or did you see our: <u>Ad.</u> <u>Yellow Pages</u> <u>Radio</u> <u>Other</u> _____

I certify that the information provided on this form is true and correct to the best of my knowledge and belief. I understand that this application is subject to review and verification by the Medical Staff and the Hospital. I understand that if the information provided is found to be false or misleading, I will be subject to disciplinary action and may be terminated from employment.

Date: 10/9/14

Signature: [Signature]

Rev August 2014

000019

X

ACCIDENT PREVENTION SERVICES NOTICE

As a policyholder, certain accident prevention services are available to you at no additional cost. If you would like more information, you may:

- Email Client Services with your questions at ClientServices@pnig.com
Please include the insured company's name, address, policy number and the details of your request.
- Phone Toll-Free at (877) 886-4334.
Please have your company's name, address, policy number and the details of your request available to improve our service to you during the call.

TEXAS ACCIDENT PREVENTION SERVICES NOTICE

Pursuant to Texas Labor Code §411.066, Guarantee Insurance Company is required to notify its policyholders that accident prevention services are available from Guarantee Insurance Company at no additional charge. These services may include surveys, recommendations, training programs, consultations, analyses of accident causes, industrial hygiene, and industrial health services.

Guarantee Insurance Company is also required to provide return-to-work coordination services as required by Texas Labor Code §413.021 and to notify you of the availability of the return-to-work reimbursement program for employers under Texas Labor Code §413.022. If you would like more information, contact Guarantee Insurance Company's loss control division at 636-237-2070 and DSulzner@pafnat.com for accident prevention services or 888-237-2027 and PKelly@pafnat.com for return-to-work coordination services.

For information about these requirements call the Texas Department of Insurance, Division of Workers' Compensation (TDI-DWC) at 1-800-687-7080 or for information about the return-to-work reimbursement program for employers, call the TDI-DWC at (512) 804-5000.

If Guarantee Insurance Company fails to respond to your request for accident prevention services or return-to-work coordination services, you may file a complaint with the TDI-DWC in writing at <http://www.tdi.texas.gov> or by mail to Texas Department of Insurance, Division of Workers' Compensation, MS-8, at 7551 Metro Center Drive, Austin, Texas 78744-1645.

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY INFORMATION PAGE

NCCI Co. No.
20850

Guarantee Insurance Company

Policy No.

WCP5000697016IC

A Stock Company
Fort Lauderdale, FL
401 E. Las Olas Boulevard, Suite 1540
Fort Lauderdale, FL 33301
For questions, issues call 866-827-4669

Renewal of Policy No.

New

☐ Individual ☐ Partnership
☒ Corporation or

Insured's I.D. No(s), if applicable

1. The Insured/Mailing address:

CountryWide Staffing Solutions Group, Inc.
707 Mendham Boulevard, Suite 201
Orlando, FL 32825

FEIN47-2521516

Other workplaces not shown above: SEE SCHEDULE

2. The policy period is from 06/30/2015 to 06/30/2016 12:01 A.M. Standard Time, at the insured's mailing address.

3. A. Workers Compensation Insurance: Part One of the policy applies to the Workers Compensation Law of the states listed here:
AL, DE, FL, GA, ID, IN, KY, ME, MD, MI, MS, MO, NC, OR, SC, TN, TX, VA, WV

B. Employers Liability Insurance: Part Two of the policy applies to work in each state listed in item 3.A. The limits of our liability under Part Two are: Bodily Injury by Accident \$ 1,000,000 each accident
Bodily Injury by Disease \$ 1,000,000 policy limit
Bodily Injury by Disease \$ 1,000,000 each employee

C. Other States Insurance: Part Three of the policy applies to the states, if any, listed here:
ALL STATES EXCEPT: AK AZ CA CT HI IA IL KS MA MN ND NH OH PR RI UT VT WA WI WY

D. This policy includes these endorsements and schedules: SEE SCHEDULE OF ENDORSEMENTS.

4. The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit.

Classifications	Code No.	Premium Basis	Rate Per \$100 of Remuneration	Estimated Annual Premium
See Item 4. Schedule of Operations				
MANUAL PREMIUM				\$3,206,804.00
State Act Manual Premium				\$82,850.00
Employers Liability (E/L) increased limits Premium Charge				\$20,844.00
TOTAL MANUAL PREMIUM				\$3,289,754.00
Employers Liability (E/L) increased limits factor				\$16,911.00
Merit Rating Neutral Adjustment				0.00
SUBJECT PREMIUM				\$1,321,142.00
TOTAL PREMIUM AFTER EXPERIENCE MODIFICATION OR MERIT RATING				\$1,915,733.00
TOTAL SUBJECT PREMIUM				\$3,320,885.00
Experience Modification (Modified Premium - State Act)				\$82,850.00
Experience Modification (Modified Premium - Federal Acts and EL)				\$1,160.00
Total Premium Before Schedule Rating				\$1,915,733.00
TOTAL MODIFIED PREMIUM				\$3,320,885.00
Total Premium After Credit or Debit factors				\$1,915,733.00
ESTIMATED ANNUAL PREMIUM				\$61,016.00
TOTAL STANDARD PREMIUM				\$3,320,885.00
Second Injury Fund Surcharge				\$47.00
Large Deductible Credit				-\$197,410.00
Special Fund Assessment				\$9.00
Total Product Premium				\$2,958,795.00
WC Administrative Surcharge				\$1.00
WC Board Assessment Surcharge				\$8.00

If indicated below, interim adjustments of premium shall be made

☐ Semiannually; ☐ Quarterly; ☐ Monthly

WC 00 00 01 A
(Ed. 1-15)

THIS INFORMATION PAGE WITH THE WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETES THE ABOVE NUMBERED POLICY.

	WC Premium Assessment Surcharge	\$1,458.00
	Premium Discount	-\$8,351.00
	Expense Constant	\$250.00
	Terrorism	\$12,336.00
	Catastrophe (other than Certified Acts of Terrorism)	\$8,566.00
	TOTAL ESTIMATED ANNUAL PREMIUM	\$3,141,165.00
Minimum Premium \$ 2,000.00		
Name of Producer: TriGen Insurance Solutions, Inc.		
Producer Address: 315 SE Mizner Blvd. Ste, Boca Raton, FL, 33432		
Countersigned By _____		Date _____
Authorized Representative		

WC 00 00 01 A
(Ed. 1-15)

THIS INFORMATION PAGE WITH THE WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY
AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETES THE ABOVE NUMBERED POLICY.

GUARANTEE INSURANCE COMPANY

Notice

Guarantee Insurance Company's Privacy Policy

Dear Policyholder:

The nature of our insurance business at Guarantee Insurance Company requires that we gather and maintain a variety of information about our current and potential customers and consumers, including nonpublic personal information about individuals. We are committed to keeping confidential and secure any such nonpublic personal information. We will disclose nonpublic personal information obtained in the course of our business only as permitted by law.

Categories of Personal Information We May Obtain

We may obtain nonpublic personal information from the following sources:

- Application or other underwriting forms.** These forms provide us with information we need as part of the underwriting process; this can include such nonpublic personal information as individuals' names, addresses, social security numbers and any other information about individuals that we are authorized to obtain in order to underwrite and administer policies.
- Information we obtain from third parties.** The kind of information we may gather from third parties depends on the type of insurance policy or coverage, but may include such non public personal information as motor vehicle reports, claims reports, credit reports, property inspection reports, and medical records or reports.
- Information about transactions and experiences with us or with our affiliates.** We develop and maintain individuals' personal information, such as policy numbers, premium payments and claims history, obtained on the basis of Guarantee Insurance Company's or its affiliates transactions and experiences.

How We May Use and Share Personal Information

We may use and share all of the information that we obtain as described below:

-Within Guarantee Insurance Company

Within Guarantee Insurance Company we only use nonpublic personal information received to service or maintain policies, to effect, process, administer or enforce requested or authorized transactions, or for other purposes as permitted by law. We restrict access to nonpublic personal information to those employees who have a business reason to know that information to provide products and services. We also maintain physical, electronic, and procedural safeguards in order to protect against unauthorized use or disclosure of nonpublic personal information.

-With Affiliates and Non-Affiliated Third Parties

We may disclose information about Guarantee Insurance Company's customers and consumers to others, including our affiliates (i.e., companies that are related to us by common ownership or control), in order to offer insurance products or services that may be of value.

We may also disclose nonpublic personal information without prior permission to nonaffiliated third parties (i.e., persons or companies that are not related to us by common ownership or control) as necessary to effect, process, administer or enforce a requested or authorized transaction, or for other purposes as permitted by law.

When we provide nonpublic personal information to a nonaffiliated third party who performs services for us, we require that provider to agree to safeguard any nonpublic personal information, to use the information only for the intended purpose, and to abide by applicable law.

Confidentiality of Health and Medical Information

It is often necessary for us to obtain personal health information in order to underwrite and process claims for various types of insurance coverages. We recognize concerns about the security of that information and want to provide assurance that any personal health data provided to us or that we otherwise obtain will be held in strict confidence. We will not disclose or share personal medical information for marketing or any other unauthorized purpose. We may disclose or share personal medical information as permitted by law; for example, in order to underwrite policies or administer policies or claims.

Purpose of and Updates to This Notice

We recognize and respect the privacy concerns of our potential and current customers and consumers. We may amend our privacy policy from time to time. We send this notice of our privacy policy at this time as required for informational purposes, and we will update and distribute it as required by law.

GIC Privacy Notice

PN WC 00 01

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

EXTENSION OF INFORMATION PAGE

Name and address of Insured
CountryWide Staffing Solutions Group, Inc.,
707 Mendham Boulevard, Suite 201
Orlando, FL, 32825

Policy Number
WCP500069701GIC
Effective Date
06/30/2015

Item 1. Schedule of Named Insured and Locations

Locations:
CountryWide Staffing Solutions Group, Inc.
Access Labor Services, Inc.

FEIN #:
112222222

2203 N DUPONT HIGHWAY,
New Castle, DE, 19720

2 Employee Leasing Policy for Leased Workers of Multiple Client Companies

CountryWide Staffing Solutions Group, Inc.
Access Labor Services, Inc.

112222222

100 Main Street,
Weston, FL, 33331

2 Employee Leasing Policy for Leased Workers of Multiple Client Companies

CountryWide Staffing Solutions Group, Inc.
Access Labor Services, Inc.

112222222

100 Main Street,
WALDORF, MD, 20601

2 Employee Leasing Policy for Leased Workers of Multiple Client Companies

CountryWide Staffing Solutions Group, Inc.
Access Labor Services, Inc.

112222222

100 Main Street,
BERWICK, ME, 03901

2 Employee Leasing Policy for Leased Workers of Multiple Client Companies

CountryWide Staffing Solutions Group, Inc.
All About You Home Care, Inc.

263095600

1905 W. Baker St, Suite A,
Plant City, FL, 33563

2 Employee Leasing Policy for Leased Workers of Multiple Client Companies

CountryWide Staffing Solutions Group, Inc.
Allied Funders, LLC

223333333

1635 Oak Street,
Eugene, OR, 97401

2 Employee Leasing Policy for Leased Workers of Multiple Client Companies
WC 00 00 01 A

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CountryWide Staffing Solutions Group, Inc.
Americare Assisted Living, Inc

334444444

2992 Day Rd,
Deltona, FL, 32738

2 Employee Leasing Policy for Leased Workers of Multiple Client Companies

CountryWide Staffing Solutions Group, Inc.
Antibes Consulting, Inc

445555555

100 Main Street,
AUSTIN, TX, 73301

2 Employee Leasing Policy for Leased Workers of Multiple Client Companies

CountryWide Staffing Solutions Group, Inc.
Aoun Enterprises, LLC

556666666

31834 Vine Street,
Sorrento, FL, 32776

2 Employee Leasing Policy for Leased Workers of Multiple Client Companies

CountryWide Staffing Solutions Group, Inc.
Baron HR

667777777

100 Main Street,
WALDORF, MD, 20601

2 Employee Leasing Policy for Leased Workers of Multiple Client Companies

CountryWide Staffing Solutions Group, Inc.
Baron HR

667777777

100 Main Street,
AUSTIN, TX, 73301

2 Employee Leasing Policy for Leased Workers of Multiple Client Companies

CountryWide Staffing Solutions Group, Inc.
BH Palm, Inc.

995555555

327 S. Washington Ave,
Titusville, FL, 32796

2 Employee Leasing Policy for Leased Workers of Multiple Client Companies

CountryWide Staffing Solutions Group, Inc.
BKK Services of Central FL

886666666

902 S. Florida Ave,
Lakeland, FL, 33803

2 Employee Leasing Policy for Leased Workers of Multiple Client Companies

CountryWide Staffing Solutions Group, Inc.
Empire Finish Systems, LLC

776664444

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530 SUSAN B BRITT COURT, SUITE 210,
WINTER GARDEN, FL, 34787

2 Employee Leasing Policy for Leased Workers of Multiple Client Companies

CountryWide Staffing Solutions Group, Inc.
Environmental Staffing, Inc.

993331142

100 Main Street,
Mobile, AL, 36693

2 Employee Leasing Policy for Leased Workers of Multiple Client Companies

CountryWide Staffing Solutions Group, Inc.
Environmental Staffing, Inc.

993331142

100 Main Street,
WINTER GARDEN, FL, 34787

2 Employee Leasing Policy for Leased Workers of Multiple Client Companies

CountryWide Staffing Solutions Group, Inc.
Environmental Staffing, Inc.

993331142

100 Main Street,
NORCROSS, GA, 30003

2 Employee Leasing Policy for Leased Workers of Multiple Client Companies

CountryWide Staffing Solutions Group, Inc.
Environmental Staffing, Inc.

993331142

100 Main Street,
ALEXANDRIA, IN, 46001

2 Employee Leasing Policy for Leased Workers of Multiple Client Companies

CountryWide Staffing Solutions Group, Inc.
Environmental Staffing, Inc.

993331142

100 Main Street,
WALDORF, MD, 20601

2 Employee Leasing Policy for Leased Workers of Multiple Client Companies

CountryWide Staffing Solutions Group, Inc.
Environmental Staffing, Inc.

993331142

6401 Carmel Road Ste 207,
Charlotte, NC, 28226

2 Employee Leasing Policy for Leased Workers of Multiple Client Companies

CountryWide Staffing Solutions Group, Inc.
Environmental Staffing, Inc.

993331142

100 Main Street,
BALLENTINE, SC, 29002

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2 Employee Leasing Policy for Leased Workers of Multiple Client Companies

CountryWide Staffing Solutions Group, Inc.
Environmental Staffing, Inc.

993331142

100 Main Street,
ANTIOCH, TN, 37011

2 Employee Leasing Policy for Leased Workers of Multiple Client Companies

CountryWide Staffing Solutions Group, Inc.
Environmental Staffing, Inc.

993331142

100 Main Street,
Austin, TX, 78752

2 Employee Leasing Policy for Leased Workers of Multiple Client Companies

CountryWide Staffing Solutions Group, Inc.
Environmental Staffing, Inc.

993331142

100 Main Street,
DULLES, VA, 20101

2 Employee Leasing Policy for Leased Workers of Multiple Client Companies

CountryWide Staffing Solutions Group, Inc.
Excel Temporary Service

446669985

10816 Highway 21, Suite A,
Hillsboro, MO, 63050

2 Employee Leasing Policy for Leased Workers of Multiple Client Companies

CountryWide Staffing Solutions Group, Inc.
Excel Temporary Service

446669985

100 Main Street,
ANTIOCH, TN, 37011

2 Employee Leasing Policy for Leased Workers of Multiple Client Companies

CountryWide Staffing Solutions Group, Inc.
Express Personnel, Inc.

113336554

16465 SW 67th Terrace,
Miami, FL, 33193

2 Employee Leasing Policy for Leased Workers of Multiple Client Companies

CountryWide Staffing Solutions Group, Inc.
Fleet Personnel Corp.

113364558

705 Cross Street,
Russellville, AL, 35653

2 Employee Leasing Policy for Leased Workers of Multiple Client Companies

CountryWide Staffing Solutions Group, Inc.

113364558

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Fleet Personnel Corp.

100 Main Street,
NORCROSS, GA, 30003

2 Employee Leasing Policy for Leased Workers of Multiple Client Companies

CountryWide Staffing Solutions Group, Inc.
Fleet Personnel Corp.

113364558

100 Main Street,
ADVANCE, NC, 27006

2 Employee Leasing Policy for Leased Workers of Multiple Client Companies

CountryWide Staffing Solutions Group, Inc.
Fleet Personnel Corp.

113364558

100 Main Street,
ANTIOCH, TN, 37011

2 Employee Leasing Policy for Leased Workers of Multiple Client Companies

CountryWide Staffing Solutions Group, Inc.
Graystone Group, LLC

456987123

8709 Mowbray Way,
Knoxville, TN, 37923

2 Employee Leasing Policy for Leased Workers of Multiple Client Companies

CountryWide Staffing Solutions Group, Inc.
In Home Care & Assistance LLC

391731285

1500 Hwy 17 N, Ste 106 The Courtyard,
Surfside Beach, SC, 29575

2 Employee Leasing Policy for Leased Workers of Multiple Client Companies

CountryWide Staffing Solutions Group, Inc.
In-Touch Staffing LLC

391635935

6000 North Lamar Blvd, Suite 205,
Austin, TX, 78752

2 Employee Leasing Policy for Leased Workers of Multiple Client Companies

CountryWide Staffing Solutions Group, Inc.
Job Impulse, Inc.

465349761

1721 White Horse Road, Suite B,
Greenville, SC, 29605

2 Employee Leasing Policy for Leased Workers of Multiple Client Companies

CountryWide Staffing Solutions Group, Inc.
JWC Services, Inc.

469317968

100 Main Street,
Bear, DE, 19701

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2 Employee Leasing Policy for Leased Workers of Multiple Client Companies

CountryWide Staffing Solutions Group, Inc.
JWC Services, Inc.

469317968

100 Main Street,
Fort Lauderdale, FL, 33309

2 Employee Leasing Policy for Leased Workers of Multiple Client Companies

CountryWide Staffing Solutions Group, Inc.
JWC Services, Inc.

469317968

100 Main Street,
Waldorf, MD, 20602

2 Employee Leasing Policy for Leased Workers of Multiple Client Companies

CountryWide Staffing Solutions Group, Inc.
JWC Services, Inc.

469317968

100 Main Street,
Dulles, VA, 20101

2 Employee Leasing Policy for Leased Workers of Multiple Client Companies

CountryWide Staffing Solutions Group, Inc.
Land and Sea Master, Inc.

466121252

905 Apollo Beach Blvd,
Apollo Beach, FL, 33572

2 Employee Leasing Policy for Leased Workers of Multiple Client Companies

CountryWide Staffing Solutions Group, Inc.
Leading Solutions LLC

345968125

3726 Eagle Isle Circle,
Kissimmee, FL, 34746

2 Employee Leasing Policy for Leased Workers of Multiple Client Companies

CountryWide Staffing Solutions Group, Inc.
May Monroe Group, Inc.

741316785

3959 South Nova Rd, Suite 26,
Port Orange, FL, 32127

2 Employee Leasing Policy for Leased Workers of Multiple Client Companies

CountryWide Staffing Solutions Group, Inc.
Medford Holding, LLC

463369963

4799 Kanawha Blvd East,
Charleston, WV, 25306

2 Employee Leasing Policy for Leased Workers of Multiple Client Companies

CountryWide Staffing Solutions Group, Inc. Moneymakers Wrecker Service 11776 Highway 70E, Lenoir City, TN, 37772 2 Employee Leasing Policy for Leased Workers of Multiple Client Companies	141252364
CountryWide Staffing Solutions Group, Inc. Pearson Education, Inc. 100 Main Street, Fort Lauderdale, FL, 33309 2 Employee Leasing Policy for Leased Workers of Multiple Client Companies	468426553
CountryWide Staffing Solutions Group, Inc. Pearson Education, Inc. 100 Main Street, Norcross, GA, 30003 2 Employee Leasing Policy for Leased Workers of Multiple Client Companies	468426553
CountryWide Staffing Solutions Group, Inc. Pearson Education, Inc. 100 Main Street, Alexandria, IN, 46001 2 Employee Leasing Policy for Leased Workers of Multiple Client Companies	468426553
CountryWide Staffing Solutions Group, Inc. Pearson Education, Inc. 100 Main Street, Bagdad, KY, 40003 2 Employee Leasing Policy for Leased Workers of Multiple Client Companies	468426553
CountryWide Staffing Solutions Group, Inc. Pearson Education, Inc. 100 Main Street, Advance, NC, 27006 2 Employee Leasing Policy for Leased Workers of Multiple Client Companies	468426553
CountryWide Staffing Solutions Group, Inc. Pearson Education, Inc. 100 Main Street, Alcolu, SC, 29001 2 Employee Leasing Policy for Leased Workers of Multiple Client Companies	468426553
CountryWide Staffing Solutions Group, Inc. Pearson Education, Inc. 135 Fox Rd, Suite G, WC 00 00 01 A (Ed. 1-15)	468426553

Knoxville, TN, 37922

2 Employee Leasing Policy for Leased Workers of Multiple Client Companies

CountryWide Staffing Solutions Group, Inc.
Power-Up Personnel Services

971934658

7911 NW 72 Avenue, Suite 118-B,
Medley, FL, 33166

2 Employee Leasing Policy for Leased Workers of Multiple Client Companies

CountryWide Staffing Solutions Group, Inc.
Precept Staffing, Inc.

113446996

328 Hillcrest Drive, Suite 5,
Laurens, SC, 29360

2 Employee Leasing Policy for Leased Workers of Multiple Client Companies

CountryWide Staffing Solutions Group, Inc.
Sunshine Services Unlimited

258369741

8371 McAllister Way,
West Palm Beach, FL, 33411

2 Employee Leasing Policy for Leased Workers of Multiple Client Companies

CountryWide Staffing Solutions Group, Inc.
Tomorrow's Hope, Inc.

349167123

1655 Fairview Ave, Suite 100,
Boise, ID, 83702

2 Employee Leasing Policy for Leased Workers of Multiple Client Companies

CountryWide Staffing Solutions Group, Inc.
Condustral, Inc.

753057716

9902 Gulf Coast Main Street, Suite 105,
Fort Myers, FL, 33913

2 Employee Leasing Policy for Leased Workers of Multiple Client Companies

CountryWide Staffing Solutions Group, Inc.
Condustral, Inc.

753057716

7112 NW 57th Drive,
Tamarac, FL, 33321

2 Employee Leasing Policy for Leased Workers of Multiple Client Companies

CountryWide Staffing Solutions Group, Inc.
Condustral, Inc.

753057716

1146 Market Circle,
Port Charlotte, FL, 33953

2 Employee Leasing Policy for Leased Workers of Multiple Client Companies

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CountryWide Staffing Solutions Group, Inc. Condustrail, Inc. 100 Main Street, Fort Lauderdale, FL, 33309 2 Employee Leasing Policy for Leased Workers of Multiple Client Companies	753057716
CountryWide Staffing Solutions Group, Inc. Condustrail, Inc. 1260 Posner Blvd., Davenport, FL, 33837 2 Employee Leasing Policy for Leased Workers of Multiple Client Companies	753057716
CountryWide Staffing Solutions Group, Inc. Condustrail, Inc. 6440 Garden Road, Unit 3, Riviera Beach, FL, 33404 2 Employee Leasing Policy for Leased Workers of Multiple Client Companies	753057716
CountryWide Staffing Solutions Group, Inc. Condustrail, Inc. 12100 NE 16th Avenue, Suite 108, North Miami Beach, FL, 33162 2 Employee Leasing Policy for Leased Workers of Multiple Client Companies	753057716
CountryWide Staffing Solutions Group, Inc. Condustrail, Inc. 3152 Little Road, #198, Trinity, FL, 34655 2 Employee Leasing Policy for Leased Workers of Multiple Client Companies	753057716
CountryWide Staffing Solutions Group, Inc. Condustrail, Inc. 3186 W. 81st Street, Hialeah, FL, 33018 2 Employee Leasing Policy for Leased Workers of Multiple Client Companies	753057716
CountryWide Staffing Solutions Group, Inc. Condustrail, Inc. 9130 SW 153 Passage, Miami, FL, 33196 2 Employee Leasing Policy for Leased Workers of Multiple Client Companies	753057716
CountryWide Staffing Solutions Group, Inc. Condustrail, Inc.	753057716

3240 Heartwood Avenue,
Bradenton, FL, 34203

2 Employee Leasing Policy for Leased Workers of Multiple Client Companies

CountryWide Staffing Solutions Group, Inc.
Condustrail, Inc.

753057716

720 NE 25th Avenue,
Cape Coral, FL, 33909

2 Employee Leasing Policy for Leased Workers of Multiple Client Companies

CountryWide Staffing Solutions Group, Inc.
Condustrail, Inc.

753057716

3814 NW 5th Terrace,
Cape Coral, FL, 33993

2 Employee Leasing Policy for Leased Workers of Multiple Client Companies

CountryWide Staffing Solutions Group, Inc.
Condustrail, Inc.

753057716

5215 St. Paul Street,
Tampa, FL, 33619

2 Employee Leasing Policy for Leased Workers of Multiple Client Companies

CountryWide Staffing Solutions Group, Inc.
Condustrail, Inc.

753057716

69 E. Pine Street,
Orlando, FL, 32801

2 Employee Leasing Policy for Leased Workers of Multiple Client Companies

CountryWide Staffing Solutions Group, Inc.
Condustrail, Inc.

753057716

3890 W. Commercial Boulevard, Suite 208,
Tamarac, FL, 33309

2 Employee Leasing Policy for Leased Workers of Multiple Client Companies

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

EXTENSION OF INFORMATION PAGE

Name and address of Insured
CountryWide Staffing Solutions Group, Inc.
707 Mendham Boulevard, Suite 201
Orlando, FL, 32825

Policy Number
WCP500069701GIC
Effective Date
06/30/2015

Item 4.		Schedule of Operations - ALABAMA		
Code No.	Classifications	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 Of Remuneration	Estimated Annual Premium
7380	DRIVERS CHAUFFERS MESSENGERS	1,273,710.00	7.19	91,580.00
9402	STREET CLEANING AND DRIVERS	5,088.00	10.00	509.00
	MANUAL PREMIUM			92,089.00
	TOTAL MANUAL PREMIUM			92,089.00
9812	Employers Liability (E/L) increased limits factor		1.4000	1,289.00
	SUBJECT PREMIUM			93,378.00
	TOTAL SUBJECT PREMIUM			93,378.00
	TOTAL MODIFIED PREMIUM			93,378.00
	TOTAL STANDARD PREMIUM			93,378.00
9663	Large Deductible Credit		6.0000	-5,603.00
	Total Product Premium			87,775.00
9740	Terrorism 0.0200			258.00
	TOTAL ESTIMATED ANNUAL PREMIUM			88,031.00
	TOTAL ANNUAL PREMIUM			88,031.00

Name and address of Insured
CountryWide Staffing Solutions Group, Inc.
707 Mendham Boulevard, Suite 201
Orlando, FL, 32825

Policy Number
WCP500069701GIC
Effective Date
06/30/2015

Item 4. SCHEDULE OF OPERATIONS - DELAWARE

Code No.	Classifications	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 Of Remuneration	Estimated Annual Premium
0544	MANUFACTURING LIGHT INDUSTRIAL	2,204,426.00	12.85	283,269.00
0647	INSULATION WORK (8/1/08)	6,626.00	13.69	907.00
0682	EMPLOYMENT CONTRACTOR - CONSTR	3,559,632.00	30.78	1,085,655.00
0695	EMPLOYMENT CONTRACTOR - ELECTR	64,829.00	5.04	3,267.00
0889	EMPLOYMENT CONTRACTOR - CLERIC	581.00	0.37	2.00
0895	EMPLOYMENT CONTRACTOR - COLLEG	17,372,858.00	0.81	140,720.00
0929	TEMP LABOR - MERCANTILE	372,675.00	7.30	27,205.00
0937	EMPLOYMENT CONTRACTOR - HEAVY	83,293.00	16.12	13,427.00
0947	EMPLOYMENT CONTRACTOR - MAINTEN	2,811,598.00	10.51	295,499.00
0951	SALESMEN - OUTSIDE	161,307.00	0.78	1,258.00
0953	CLERICAL OFFICE	533,412.00	0.37	1,974.00
0971	BUILDINGS	512,219.00	6.19	31,706.00
	MANUAL PREMIUM			1,894,889.00
	TOTAL MANUAL PREMIUM			1,894,889.00
9812	Employers Liability (E/L) Increased limits Premium Charge		1.1000	20,844.00
	TOTAL SUBJECT PREMIUM			1,915,733.00
	TOTAL MODIFIED PREMIUM			1,915,733.00
9884	Merit Rating Neutral Adjustment			0.00
	TOTAL PREMIUM AFTER EXPERIENCE MODIFICATION OR MERIT RATING			1,915,733.00
	Total Premium Before Schedule Rating			1,915,733.00
	Total Premium After Credit or Debit factors			1,915,733.00
	TOTAL STANDARD PREMIUM			1,915,733.00
9663	Large Deductible Credit		6.0000	-114,944.00
	Total Product Premium			1,800,789.00
9740	Terrorism 0.0200			5,536.00
9741	Catastrophe (other than Certified Acts of Terrorism) 0.0200			5,536.00
	TOTAL ESTIMATED ANNUAL PREMIUM			1,811,861.00
	TOTAL ANNUAL PREMIUM			1,811,861.00

Name and address of Insured
CountryWide Staffing Solutions Group, Inc.
707 Mendham Boulevard, Suite 201
Orlando, FL, 32825

Policy Number
WCP500069701GIC
Effective Date
06/30/2015

Item 4.

SCHEDULE OF OPERATIONS - FLORIDA

Code No.	Classifications	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 Of Remuneration	Estimated Annual Premium
2585	LAUNDRY NOC AND ROUTE SUPERVIS	43,951.00	4.90	2,154.00
3030	IRON OR STEEL FABRICATION: IR	117,851.00	10.03	11,820.00
3076	SHEET METAL PRODUCTS MFG.-SHO	24,698.00	5.03	1,242.00
4130	GLASS MERCHANT	8,112.00	6.75	548.00
5190	ELECTRICAL WIRING-WITHIN BUIL	521,751.00	5.92	30,888.00
5223	SWIMMING POOL CONSTRUCTION-NO	8,483.00	6.28	533.00
5462	GLAZIER-AWAY FROM SHOP-AND D	80,284.00	9.65	7,747.00
5535	SHEET METAL WORK-INSTALLATION	27,987.00	9.45	2,645.00
5537	HEATING VENTILATION AIR-COND	6,150.00	7.23	445.00
5613	CLEANER-DEBRIS REMOVAL-TEMPO	674.00	17.10	115.00
6504	FOOD SUNDRIES MFG.-NOC-NO CE	339,073.00	4.26	14,445.00
7600	TELEPHONE OR TELEGRAPH CO.: AL	54,643.00	5.01	2,748.00
7605	BURGLAR ALARM-INSTALLATION OR	5,344.00	3.23	173.00
7720	POLICE OFFICERS AND DRIVERS	63,726.00	4.30	2,740.00
8021	STORE: MEAT FISH OR POULTRY D	566,844.00	5.39	30,553.00
8292	STORAGE WAREHOUSE NOC	46,916.00	5.45	2,557.00
8602	SURVEYORS TIMBER CRUISERS OI	12,008.00	1.16	139.00
8742	SALESPERSONS OR COLLECTORS-OU	58,807.00	0.49	289.00
8810	CLERICAL OFFICE EMPLOYEES NOC	4,633,189.00	0.25	11,583.00
8824	RETIREMENT LIVING CENTERS: HEA	507,796.00	4.80	24,374.00
8825	RETIREMENT LIVING CENTERS: FOO	140,972.00	2.59	3,651.00
8826	RETIREMENT LIVING CENTERS: ALL	35,122.00	3.15	1,106.00
8835	HOME PUBLIC AND TRAVELING HE	2,183,670.00	2.64	57,650.00
8842	GROUP HOMES-ALL EMPLOYEES ANDAMP	74,114.00	2.18	1,616.00
8864	SOCIAL SERVICES ORGANAZATION-	154,481.00	1.60	2,472.00
9014	JANITORIAL SERVICES BY CONTRAC	210,681.00	4.95	10,428.00
9063	YMCA YWCA YMHA OR YWHA INSTI	8,594.00	1.59	137.00
9082	RESTAURANT NOC	92,847.00	2.34	2,173.00
9084	BAR DISCOTHEQUE LOUNGE NIGH	117,293.00	2.74	3,214.00
9154	THEATER NOC: ALL OTHER EMPLOYE	59,668.00	2.26	1,348.00
9402	STREET CLEANING AND DRIVERS	29,257.00	9.32	2,727.00
	MANUAL PREMIUM			234,260.00
	TOTAL MANUAL PREMIUM			234,260.00
9812	Employers Liability (E/L) increased limits factor		1.4000	3,278.00
	SUBJECT PREMIUM			237,538.00
	TOTAL SUBJECT PREMIUM			237,538.00
	TOTAL MODIFIED PREMIUM			237,538.00
	TOTAL STANDARD PREMIUM			237,538.00
9663	Large Deductible Credit		6.0000	-14,252.00
	Total Product Premium			223,286.00
9740	Terrorism 0.0200			2,047.00
	TOTAL ESTIMATED ANNUAL PREMIUM			225,333.00
	TOTAL ANNUAL PREMIUM			225,333.00

Name and address of Insured
CountryWide Staffing Solutions Group, Inc.
707 Mendham Boulevard, Suite 201
Orlando, FL, 32825

Policy Number
WCP500069701GIC
Effective Date
06/30/2015

Item 4.		SCHEDULE OF OPERATIONS - GEORGIA		
Code No.	Classifications	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 Of Remuneration	Estimated Annual Premium
7380	DRIVERS CHAUFFERS MESSENGERS	1,770,972.00	7.18	127,156.00
8810	CLERICAL OFFICE EMPLOYEES NOC	48,936.00	0.25	122.00
9402	STREET CLEANING AND DRIVERS	116,346.00	7.50	8,726.00
	MANUAL PREMIUM			136,004.00
	TOTAL MANUAL PREMIUM			136,004.00
9812	Employers Liability (E/L) increased limits factor		1.1000	1,496.00
	SUBJECT PREMIUM			137,500.00
	TOTAL SUBJECT PREMIUM			137,500.00
	TOTAL MODIFIED PREMIUM			137,500.00
	TOTAL STANDARD PREMIUM			137,500.00
9663	Large Deductible Credit		6.0000	-8,250.00
	Total Product Premium			129,250.00
9740	Terrorism 0,0200			387.00
9741	Catastrophe (other than Certified Acts of Terrorism) 0,0200			387.00
	TOTAL ESTIMATED ANNUAL PREMIUM			130,024.00
	TOTAL ANNUAL PREMIUM			130,024.00

Name and address of Insured
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Item 4. SCHEDULE OF OPERATIONS - IDAHO

Code No.	Classifications	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 Of Remuneration	Estimated Annual Premium
8842	GROUP HOMES-ALL EMPLOYEES ANDAMP	2,685,943.00	4.11	110,392.00
	MANUAL PREMIUM			110,392.00
	TOTAL MANUAL PREMIUM			110,392.00
9812	Employers Liability (E/L) increased limits factor		1.1000	1,214.00
9663	Large Deductible Credit		6.0000	-6,624.00
	SUBJECT PREMIUM			104,982.00
	TOTAL SUBJECT PREMIUM			104,982.00
	TOTAL MODIFIED PREMIUM			104,982.00
	TOTAL STANDARD PREMIUM			104,982.00
9740	Terrorism 0.0200			537.00
9741	Catastrophe (other than Certified Acts of Terrorism) 0.0100			269.00
	TOTAL ESTIMATED ANNUAL PREMIUM			105,788.00
	TOTAL ANNUAL PREMIUM			105,788.00

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Item 4: SCHEDULE OF OPERATIONS - INDIANA

Code No.	Classifications	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 Of Remuneration	Estimated Annual Premium
8742	SALESPERSONS OR COLLECTORS-OUT	IF ANY	0.33	0.00
8810	CLERICAL OFFICE EMPLOYEES NOC	14,125.00	0.17	24.00
9402	STREET CLEANING AND DRIVERS	136,084.00	3.71	5,049.00
	MANUAL PREMIUM			5,073.00
	TOTAL MANUAL PREMIUM			5,073.00
9812	Employers Liability (E/L) increased limits factor		1.1000	56.00
	SUBJECT PREMIUM			5,129.00
	TOTAL SUBJECT PREMIUM			5,129.00
	TOTAL MODIFIED PREMIUM			5,129.00
	TOTAL STANDARD PREMIUM			5,129.00
9663	Large Deductible Credit		6.0000	-307.00
	Total Product Premium			4,822.00
0900	Expense Constant			250.00
9740	Terrorism 0.0200			30.00
9741	Catastrophe (other than Certified Acts of Terrorism) 0.0100			15.00
	TOTAL ESTIMATED ANNUAL PREMIUM			5,117.00
0935	Second Injury Fund Surcharge		0.8250	42.00
	TOTAL ANNUAL PREMIUM			5,159.00

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Item 4. **SCHEDULE OF OPERATIONS - KENTUCKY**

Code No.	Classifications	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 Of Remuneration	Estimated Annual Premium
8810	CLERICAL OFFICE EMPLOYEES NOC	59,844.00	0.20	120.00
	MANUAL PREMIUM			120.00
	TOTAL MANUAL PREMIUM			120.00
9812	Employers Liability (E/L) increased limits factor		1.1000	1.00
	SUBJECT PREMIUM			121.00
	TOTAL SUBJECT PREMIUM			121.00
	TOTAL MODIFIED PREMIUM			121.00
	TOTAL STANDARD PREMIUM			121.00
9664	Large Deductible Credit		-6.0000	-7.00
	Total Product Premium			114.00
9740	Terrorism 0.0200			12.00
9741	Catastrophe (other than Certified Acts of Terrorism) 0.0200			12.00
	TOTAL ESTIMATED ANNUAL PREMIUM			138.00
9681	Special Fund Assessment		6.1700	9.00
	TOTAL ANNUAL PREMIUM			147.00

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Item 4.		SCHEDULE OF OPERATIONS - MAINE		
Code No.	Classifications	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 Of Remuneration	Estimated Annual Premium
9014	JANITORIAL SERVICES BY CONTRAC	7,892.00	3.53	279.00
	MANUAL PREMIUM			279.00
	TOTAL MANUAL PREMIUM			279.00
9812	Employers Liability (E/L) Increased limits factor		1.1000	3.00
	SUBJECT PREMIUM			282.00
	TOTAL SUBJECT PREMIUM			282.00
	TOTAL MODIFIED PREMIUM			282.00
	TOTAL STANDARD PREMIUM			282.00
9663	Large Deductible Credit		6.0000	-17.00
	Total Product Premium			265.00
9740	Terrorism 0.0100			1.00
9741	Catastrophe (other than Certified Acts of Terrorism)			1.00
	0.0100			
	TOTAL ESTIMATED ANNUAL PREMIUM			267.00
	WC Board Assessment Surcharge		2.6900	8.00
	TOTAL ANNUAL PREMIUM			275.00

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Item 4. SCHEDULE OF OPERATIONS - MARYLAND

Code No.	Classifications	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 Of Remuneration	Estimated Annual Premium
4611	DRUG MEDICINE OR PHARMACEUTIC	815.00	1.45	12.00
9014	JANITORIAL SERVICES BY CONTRAC	655,808.00	4.12	27,019.00
9402	STREET CLEANING AND DRIVERS	14,281.00	11.02	1,574.00
	MANUAL PREMIUM			28,605.00
	TOTAL MANUAL PREMIUM			28,605.00
9812	Employers Liability (E/L) increased limits factor		1.1000	314.00
	SUBJECT PREMIUM			28,919.00
	TOTAL SUBJECT PREMIUM			28,919.00
	TOTAL MODIFIED PREMIUM			28,919.00
	TOTAL STANDARD PREMIUM			28,919.00
	Total Product Premium			27,184.00
9740	Terrorism 0.0500			335.00
9741	Catastrophe (other than Certified Acts of Terrorism) 0.0200			134.00
	TOTAL ESTIMATED ANNUAL PREMIUM			27,653.00
	TOTAL ANNUAL PREMIUM			27,653.00

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Item 4.

SCHEDULE OF OPERATIONS - MISSOURI

Code No.	Classifications	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 Of Remuneration	Estimated Annual Premium
5537	HEATING VENTILATION AIR-COND	1,312.00	6.14	81.00
	MANUAL PREMIUM			81.00
	TOTAL MANUAL PREMIUM			81.00
9812	Employers Liability (E/L) increased limits factor		1.1000	1.00
	SUBJECT PREMIUM			82.00
	TOTAL SUBJECT PREMIUM			82.00
	TOTAL MODIFIED PREMIUM			82.00
	TOTAL STANDARD PREMIUM			82.00
9663	Large Deductible Credit		6.0000	-5.00
	Total Product Premium			77.00
	TOTAL ESTIMATED ANNUAL PREMIUM			77.00
9862	Second Injury Fund Surcharge		6.0000	5.00
9861	WC Administrative Surcharge		1.0000	1.00
	TOTAL ANNUAL PREMIUM			83.00

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SCHEDULE OF OPERATIONS - NORTH CAROLINA

Code No.	Classifications	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 Of Remuneration	Estimated Annual Premium
7380	DRIVERS CHAUFFERS MESSENGERS	5,396,372.00	7.23	390,158.00
8380	AUTOMOBILE SERVICE OR REPAIR C	342,658.00	3.77	12,918.00
8810	CLERICAL OFFICE EMPLOYEES NOC	1,274,777.00	0.23	2,933.00
9402	STREET CLEANING AND DRIVERS	7,937.00	8.96	711.00
	MANUAL PREMIUM			406,720.00
	TOTAL MANUAL PREMIUM			406,720.00
9812	Employers Liability (E/L) increased limits factor		1.1000	4,473.00
	SUBJECT PREMIUM			411,193.00
	TOTAL SUBJECT PREMIUM			411,193.00
	TOTAL MODIFIED PREMIUM			411,193.00
	TOTAL STANDARD PREMIUM			411,193.00
9663	Large Deductible Credit		6.0000	-24,672.00
	Total Product Premium			386,521.00
9740	Terrorism 0.0100			702.00
9741	Catastrophe (other than Certified Acts of Terrorism) 0.0100			702.00
	TOTAL ESTIMATED ANNUAL PREMIUM			387,925.00
	TOTAL ANNUAL PREMIUM			387,925.00

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Item 4.		SCHEDULE OF OPERATIONS - OREGON		
Code No.	Classifications	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 Of Remuneration	Estimated Annual Premium
2802	CARPENTRY--SHOP ONLY--AND DRIV	358,602.00	6.20	22,233.00
3507	CONSTRUCTION OR AGRICULTURAL M	20,934.00	4.95	1,036.00
	MANUAL PREMIUM			23,269.00
	TOTAL MANUAL PREMIUM			23,269.00
9812	Employers Liability (E/L) increased limits factor		0.4000	93.00
	SUBJECT PREMIUM			23,362.00
	TOTAL SUBJECT PREMIUM			23,362.00
	TOTAL MODIFIED PREMIUM			23,362.00
	TOTAL STANDARD PREMIUM			23,362.00
9653	Large Deductible Credit		6.0000	-1,402.00
	Total Product Premium			21,960.00
9740	Terrorism 0.0200			76.00
9741	Catastrophe (other than Certified Acts of Terrorism) 0.0200			76.00
	TOTAL ESTIMATED ANNUAL PREMIUM			22,112.00
9681	WC Premium Assessment Surcharge		6.2000	1,458.00
	TOTAL ANNUAL PREMIUM			23,570.00

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Item 4.		SCHEDULE OF OPERATIONS - SOUTH CAROLINA		
Code No.	Classifications	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 Of Remuneration	Estimated Annual Premium
0042	LANDSCAPE GARDENING AND DRIVER	334.00	8.90	30.00
2305	TEXTILE FIBER MFG.--SYNTHETIC	118,282.00	2.82	3,335.00
3030	IRON OR STEEL: FABRICATION: IR	202,050.00	6.35	12,830.00
3076	SHEET METAL PRODUCTS MFG.--SHO	148,435.00	4.91	7,288.00
3113	TOOL MFG.--NOT DROP OR MACHINE	39,920.00	2.78	1,110.00
3612	PUMP MFG.	120,565.00	2.85	3,436.00
3632	MACHINE SHOP NOC	213,982.00	4.86	10,400.00
3648	AUTOMOTIVE PARTS REBUILDERS NO	198,012.00	2.42	4,792.00
3808	AUTOMOBILE MFG. OR ASSEMBLY	12,448.00	7.21	898.00
4024	REFRACTORY PRODUCTS MFG; AND D	6,020.00	6.48	390.00
4062	POTTERY MFG.: PORCELAIN WARE--	67,863.00	2.49	1,690.00
4263	FIBER GOODS MFG.	61,200.00	4.13	2,528.00
4410	RUBBER GOODS MFG. NOC	296,448.00	4.68	13,874.00
4558	PAINT MFG.	27,526.00	2.33	641.00
5537	HEATING VENTILATION AIR-COND	2,794.00	7.26	203.00
8017	STORE: RETAIL NOC	27,252.00	2.33	635.00
8292	STORAGE WAREHOUSE NOC. APPLIES	197,139.00	6.79	13,385.00
8380	AUTOMOBILE SERVICE OR REPAIR C	17,459.00	4.44	775.00
8742	SALESPERSONS OR COLLECTORS--OU	46,656.00	0.69	322.00
8810	CLERICAL OFFICE EMPLOYEES NOC	385,028.00	0.33	1,271.00
8835	HOME PUBLIC AND TRAVELING HE	441,141.00	3.94	17,381.00
9014	JANITORIAL SERVICES BY CONTRAC	15,297.00	3.96	606.00
9402	STREET CLEANING AND DRIVERS	11,609.00	7.48	868.00
	MANUAL PREMIUM			98,688.00
	TOTAL MANUAL PREMIUM			98,688.00
9812	Employers Liability (E/L) increased limits factor		1.1000	1,087.00
	SUBJECT PREMIUM			99,775.00
	TOTAL SUBJECT PREMIUM			99,775.00
	TOTAL MODIFIED PREMIUM			99,775.00
	TOTAL STANDARD PREMIUM			99,775.00
9663	Large Deductible Credit		6.0000	-5,987.00
	Total Product Premium			93,788.00
9740	Terrorism 0.0200			531.00
9741	Catastrophe (other than Certified Acts of Terrorism)			531.00
	0.0200			
	TOTAL ESTIMATED ANNUAL PREMIUM			94,850.00
	TOTAL ANNUAL PREMIUM			94,850.00

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Item 4.		SCHEDULE OF OPERATIONS - TENNESSEE		
Code No.	Classifications	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 Of Remuneration	Estimated Annual Premium
1925	DIE CASTING MFG.	590,098.00	4.76	28,089.00
3365	WELDING OR CUTTING NOC AND DRI	3,224.00	8.83	285.00
7228	TRUCKING: LOCAL HAULING ONLY?A	380,878.00	8.97	35,082.00
7380	DRIVERS CHAUFFERS MESSENGERS	468,583.00	6.98	32,706.00
8380	AUTOMOBILE SERVICE OR REPAIR C	73,890.00	3.72	2,749.00
8742	SALESPERSONS OR COLLECTORS-OU	18,385.00	0.51	99.00
8810	CLERICAL OFFICE EMPLOYEES NOC	904,955.00	0.24	2,173.00
9402	STREET CLEANING AND DRIVERS	1,244.00	7.21	90.00
	MANUAL PREMIUM			101,253.00
	TOTAL MANUAL PREMIUM			101,253.00
9812	Employers Liability (E/L) increased limits factor		1.4000	1,417.00
	SUBJECT PREMIUM			102,670.00
	TOTAL SUBJECT PREMIUM			102,670.00
	TOTAL MODIFIED PREMIUM			102,670.00
	TOTAL STANDARD PREMIUM			102,670.00
9663	Large Deductible Credit		6.0000	-6,160.00
	Total Product Premium			96,510.00
9740	Terrorism 0.0200			490.00
9741	Catastrophe (other than Certified Acts of Terrorism) 0.0300			735.00
	TOTAL ESTIMATED ANNUAL PREMIUM			97,735.00
	TOTAL ANNUAL PREMIUM			97,735.00

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Item 4.		SCHEDULE OF OPERATIONS - TEXAS		
Code No.	Classifications	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 Of Remuneration	Estimated Annual Premium
2881	BILLIARD TABLE MFG AND DRIVERS	2,051.00	3.74	77.00
7600	Telephone or Telegraph Co.: All Other Employees and Drivers	211,923.00	2.94	6,231.00
8018	Store: Wholesale NOC	674.00	3.65	25.00
8227	CONTRACTOR'S PERMANENT YARD	1,324,913.00	3.46	45,842.00
8810	Clerical Office Employees NOC	2,971,669.00	0.19	5,646.00
9014	Janitorial Services by Contractors -- No Window Cleaning Above Ground Level and Drivers	1,247.00	3.39	42.00
9402	Street Cleaning and Drivers	150,847.00	6.26	9,443.00
	MANUAL PREMIUM			67,306.00
	TOTAL MANUAL PREMIUM			67,306.00
9812	Employers Liability (E/L) Increased limits factor		1.4000	942.00
	SUBJECT PREMIUM			68,248.00
	TOTAL SUBJECT PREMIUM			68,248.00
	TOTAL MODIFIED PREMIUM			68,248.00
	TOTAL STANDARD PREMIUM			68,248.00
0063	Premium Discount		12.2381	-8,351.00
9740	Terrorism 0.0240			1,119.00
	ESTIMATED ANNUAL PREMIUM			61,016.00
9863	Large Deductible Credit		6.0000	-3,661.00
	TOTAL ESTIMATED ANNUAL PREMIUM			57,355.00
	TOTAL ANNUAL PREMIUM			57,355.00

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Item 4. SCHEDULE OF OPERATIONS - VIRGINIA

Code No.	Classifications	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 Of Remuneration	Estimated Annual Premium
8742	SALESPERSONS OR COLLECTORS--OU	19,846.00	0.26	52.00
9014	JANITORIAL SERVICES BY CONTRAC	241,693.00	2.95	7,130.00
9402	STREET CLEANING AND DRIVERS	9,761.00	7.11	694.00
	MANUAL PREMIUM			7,876.00
	TOTAL MANUAL PREMIUM			7,876.00
9812	Employers Liability (E/L) Increased limits factor		1.1000	87.00
	SUBJECT PREMIUM			7,963.00
	TOTAL SUBJECT PREMIUM			7,963.00
	TOTAL MODIFIED PREMIUM			7,963.00
	TOTAL STANDARD PREMIUM			7,963.00
9663	Large Deductible Credit		6.0000	-478.00
	Total Product Premium			7,485.00
9740	Terrorism 0.0400			109.00
	TOTAL ESTIMATED ANNUAL PREMIUM			7,594.00
	TOTAL ANNUAL PREMIUM			7,594.00

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Item 4. SCHEDULE OF OPERATIONS - WEST VIRGINIA

Code No.	Classifications	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 Of Remuneration	Estimated Annual Premium
7228	TRUCKING--LOCAL HAULING ONLY--	1,145,287.00	6.16	70,550.00
8380	AUTOMOBILE SERVICE OR REPAIR C	405,223.00	2.97	12,035.00
8810	CLERICAL OFFICE EMPLOYEES' NOC	125,961.00	0.21	265.00
	State Act Manual Premium			82,850.00
	TOTAL MANUAL PREMIUM			82,850.00
9812	Employers Liability (E/L) increased limits factor		1.4000	1,160.00
	TOTAL SUBJECT PREMIUM			84,010.00
	Experience Modification (Modified Premium - State Act)		1.0000	82,850.00
	Experience Modification (Modified Premium - Federal Acts and EL)		1.0000	1,160.00
	TOTAL MODIFIED PREMIUM			84,010.00
	TOTAL STANDARD PREMIUM			84,010.00
9663	Large Deductible Credit		6.0000	-5,041.00
	Total Product Premium			78,969.00
9740	Terrorism 0.0100			168.00
9741	Catastrophe (other than Certified Acts of Terrorism) 0.0100			168.00
	TOTAL ESTIMATED ANNUAL PREMIUM			79,305.00
9681	Regulatory Surcharge		5.0000	4,217.00
9682	Deficit Reduction Surcharge		9.0000	7,591.00
9683	Fire and Casualty Surcharge		0.5500	462.00
	TOTAL ANNUAL PREMIUM			91,575.00

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

EXTENSION OF INFORMATION PAGE

Name and address of Insured
CountryWide Staffing Solutions Group, Inc.
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Item 3.D.		Schedule of Forms and Endorsements
Form Number	Edition	Description
PN WC 00 03	08-12	Accident Prevention Services Notice
PN WC 42 01 A		Texas Accident Prevention Services Notice
WC 00 00 01 A		Information Page
PN WC 00 01		GIC Privacy Notice
WC 00 00 01 A	01-15	Item 1 Extension Schedule of Named Insured and Locations
WC 00 00 01 A	01-15	Extension of Information Page
WC 00 00 01 A	01-15	Item 3D Extension Schedule of Forms and Endorsements
WC 00 00 00 C	01-15	Workers Compensation and Employers Liability Insurance Policy
DNE-1	07-13	Deductible Notice of Election to Accept Texas Workers Compensation
PN WC 18 02		Maine Accident Prevention Services Notice
PN WC 21 02		Michigan Policy Forms Notice
PN WC 23 01	08-12	Mississippi Accident Prevention Services Notice
PN WC 24 02		Missouri Large Deductible Notice
PN WC 36 01	08-12	Oregon Accident Prevention Services Notice
PN WC 42 02		Important Notice
WC 00 03 19	04-91	Employee Leasing Client Endorsement
WC 00 04 04	04-84	Pending Rate Change Endorsement
WC 00 04 06	08-84	Premium Discount Endorsement
WC 00 04 06 A	07-95	Premium Discount Endorsement
WC 00 04 14	07-90	Notification Of Change In Ownership Endorsement
WC 00 04 19	01-01	Premium Due Date Endorsement
WC 00 04 21 D		Catastrophe (Other Than Certified Acts of Terrorism) Premium Endorsement
WC 00 04 22 B		Terrorism Risk Insurance Program Reauthorization Act Disclosure Endorsement
WC 07 04 02	07-90	Delaware Construction Classification Premium Adjustment Endorsement
WC 07 04 08	07-99	Delaware Merit Rating Plan Endorsement
WC 07 06 01	07-88	Delaware Nonrenewal Endorsement
WC 09 01 01	01-14	Florida Notice of Pending Law Change to Terrorism Risk Insurance Program Reauthorization Act of 2007
WC 09 03 03	08-05	Florida Employers Liability Insurance Endorsement
WC 09 04 01	01-87	Florida Contracting Classification Premium Adjustment Endorsement
WC 09 04 02	10-88	Florida Experience Rating Modification Factor Endorsement
WC 09 04 03 B		Florida Terrorism Risk Insurance Program Reauthorization Act Endorsement
WC 09 04 07	07-13	Florida Non-Cooperation With Premium Audit Endorsement
WC 09 06 06	10-98	Florida Employment And Wage Information Release Endorsement
WC 10 03 01	11-99	Georgia Employee Leasing Endorsement
WC 10 04 02	01-13	GA Non-Cooperation with Audit
WC 10 06 01 A	04-93	Georgia Cancellation, Nonrenewal and Change Endorsement
WC 11 06 01	07-99	Idaho Compensation Reimbursement Option Endorsement
WC 16 03 05	06-07	Kentucky Part One Workers Compensation Insurance Endorsement
WC 16 06 01	12-97	Kentucky Cancellation And Nonrenewal Endorsement
WC 16 06 02	10-99	Kentucky Notice Of Appeal Rights Endorsement
WC 18 06 01		Maine Inspection Immunity Endorsement
WC 18 06 03 A		Maine Cancellation And Nonrenewal Endorsement
WC 18 06 04		Maine Final Premium Audit Endorsement
WC 18 06 06		Maine Notice Of Filing Of First Reports of Injury Within Seven Days Endorsement
WC 18 06 07 A		Maine Supplemental Benefits Fund Endorsement
WC 19 04 01	07-93	Maryland Construction Classification Premium Reduction Endorsement
WC 19 06 02		Maryland Notification of 45-Day Underwriting Period
WC 21 03 03 A	06-97	Michigan Notice To Policyholder Endorsement

WC 00 00 01 A
(Ed. 1-15)

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WC 21 03 04	04-84	Michigan Law Endorsement
WC 24 03 02		MO Notification of Additional Mesothelioma Benefits Endorsement
WC 24 04 01	01-90	Missouri Contracting Classification Premium Adjustment Endorsement
WC 24 04 06 C	08-05	Missouri Employer Paid Medical Endorsement
WC 24 06 01 B	01-96	Missouri Cancellation And Nonrenewal Endorsement
WC 24 06 02 B	07-06	Missouri Property And Casualty Guaranty Association Endorsement
WC 24 06 04 A	09-13	Missouri Amendatory Endorsement
WC 32 03 01 C	01-14	North Carolina Amended Coverage Endorsement
WC 36 03 01	04-84	Oregon Unsafe Equipment Exclusion Endorsement
WC 36 03 03 B	07-11	Oregon Employee Leasing Labor Contractor Endorsement
WC 36 03 06	01-02	Oregon Limits of Liability Endorsement
WC 36 04 02	01-91	Oregon Contracting Classification Premium Adjustment Endorsement
WC 36 04 06	10-01	Oregon Premium Due Date Endorsement
WC 36 06 01 E	01-08	Oregon Cancellation Endorsement
WC 36 06 02	01-11	Oregon Confidentiality Endorsement
WC 42 03 01 F	01-00	Texas Amendatory Endorsement
WC 42 04 06 C	01-02	Texas Employee Provider/Client Company Endorsement
WC 42 04 07	03-02	Texas Audit Premium and Retrospective Premium Endorsement
WC 45 06 02	07-93	Virginia Amendatory Endorsement
WC 45 06 04	01-97	Virginia Contracting Classification Premium Adjustment Endorsement
WC 47 03 01 A	07-08	West Virginia Employers Liability Insurance Deliberate Intention Exclusion Endorsement
WC 47 03 02	07-06	West Virginia Workers Compensation Insurance Recovery From Others Endorsement
WC 47 06 01	07-08	West Virginia Cancellation Endorsement
WC 99 03 10		Large Deductible Endorsement - ALAE Included In Deductible Limit
WC 99 03 10 MI		Large Deductible Endorsement - ALAE Included In Deductible Limit
WC 99 03 14		Large Deductible Endorsement - ALAE Included In Deductible Limit - Tennessee
WC 99 03 16		Large Deductible Endorsement - Florida ALAE Included In Deductible Limit
WC 99 03 18		Large Deductible Endorsement - ALAE Included In Deductible Limit
WC 99 03 20		Large Deductible Endorsement - ALAE Included In Deductible Limit
WC 99 03 24		Large Deductible Endorsement - ALAE Included In Deductible Limit-Virginia
WC 99 03 28		Large Deductible Endorsement - ALAE Included In Deductible Limit-Missouri
WC 99 03 30		Large Deductible Endorsement - ALAE Included In Deductible Limit
WC 99 03 32		Large Deductible Endorsement - ALAE Included In Deductible Limit-Kentucky
WC 99 04 22 A		Texas Terrorism Risk Insurance Program Reauthorization Act Disclosure Endorsement
WC 99 04 41		Knowledge/Notice of Occurrence Endorsement
WC 99 04 42		Maine Notice
WC 99 06 02 MO		Employee Leasing Company Endorsement
WC 99 06 99	02-14	WC/EL Policy Jacket

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

In return for the payment of the premium and subject to all terms of this policy, we agree with you as follows:

GENERAL SECTION

A. The Policy

This policy includes at its effective date the Information Page and all endorsements and schedules listed there. It is a contract of insurance between you (the employer named in Item 1 of the Information Page) and us (the insurer named on the Information Page). The only agreements relating to this insurance are stated in this policy. The terms of this policy may not be changed or waived except by endorsement issued by us to be part of this policy.

B. Who is Insured

You are insured if you are an employer named in Item 1 of the Information Page. If that employer is a partnership, and if you are one of its partners, you are insured, but only in your capacity as an employer of the partnership's employees.

C. Workers Compensation Law

Workers Compensation Law means the workers or workmen's compensation law and occupational disease law of each state or territory named in Item 3.A. of the Information Page. It includes any amendments to that law which are in effect during the policy period. It does not include any federal workers or workmen's compensation law, any federal occupational disease law or the provisions of any law that provide nonoccupational disability benefits.

D. State

State means any state of the United States of America, and the District of Columbia.

E. Locations

This policy covers all of your workplaces listed in Items 1 or 4 of the Information Page; and it covers all other workplaces in Item 3.A. states unless you have other insurance or are self-insured for such workplaces.

PART ONE WORKERS COMPENSATION INSURANCE

A. How This Insurance Applies

This workers compensation insurance applies to bodily injury by accident or bodily injury by disease. Bodily injury includes resulting death.

1. Bodily injury by accident must occur during the policy period.
2. Bodily injury by disease must be caused or aggravated by the conditions of your employment. The employee's last day of last exposure to the conditions causing or aggravating such bodily injury by disease must occur during the policy period.

B. We Will Pay

We will pay promptly when due the benefits required of you by the workers compensation law.

C. We Will Defend

We have the right and duty to defend at our expense any claim, proceeding or suit against you for benefits payable by this insurance. We have the right to investigate and settle these claims, proceedings or suits.

We have no duty to defend a claim, proceeding or suit that is not covered by this insurance.

D. We Will Also Pay

We will also pay these costs, in addition to other amounts payable under this insurance, as part of any claim, proceeding or suit we defend:

1. reasonable expenses incurred at our request, but not loss of earnings;
2. premiums for bonds to release attachments and for appeal bonds in bond amounts up to the amount payable under this insurance;
3. litigation costs taxed against you;
4. interest on a judgment as required by law until we offer the amount due under this insurance; and
5. expenses we incur.

E. Other Insurance

We will not pay more than our share of benefits and costs covered by this insurance and other

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(Ed. 1-15)

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insurance or self-insurance. Subject to any limits of liability that may apply, all shares will be equal until the loss is paid. If any insurance or self-insurance is exhausted, the shares of all remaining insurance will be equal until the loss is paid.

F. Payments You Must Make

You are responsible for any payments in excess of the benefits regularly provided by the workers compensation law including those required because:

1. of your serious and willful misconduct;
2. you knowingly employ an employee in violation of law;
3. you fail to comply with a health or safety law or regulation; or
4. you discharge, coerce or otherwise discriminate against any employee in violation of the workers compensation law.

If we make any payments in excess of the benefits regularly provided by the workers compensation law on your behalf, you will reimburse us promptly.

G. Recovery From Others

We have your rights, and the rights of persons entitled to the benefits of this insurance, to recover our payments from anyone liable for the injury. You will do everything necessary to protect these rights for us and to help us enforce them.

H. Statutory Provisions

These statements apply where they are required by law.

1. As between an injured worker and us, we have notice of the injury when you have notice.
2. Your default or the bankruptcy or insolvency of you or your estate will not relieve us of our duties under this insurance after an injury occurs.
3. We are directly and primarily liable to any person entitled to the benefits payable by this insurance. Those persons may enforce our duties; so may an agency authorized by law. Enforcement may be against us or against you and us.
4. Jurisdiction over you is jurisdiction over us for purposes of the workers compensation law. We are bound by decisions against you under that law, subject to the provisions of this policy that are not in conflict with that law.
5. This insurance conforms to the parts of the

workers compensation law that apply to:

- a. benefits payable by this insurance;
 - b. special taxes, payments into security or other special funds, and assessments payable by us under that law.
6. Terms of this insurance that conflict with the workers compensation law are changed by this statement to conform to that law.

Nothing in these paragraphs relieves you of your duties under this policy.

PART TWO EMPLOYERS LIABILITY INSURANCE

A. How This Insurance Applies

This employers liability insurance applies to bodily injury by accident or bodily injury by disease. Bodily injury includes resulting death.

1. The bodily injury must arise out of and in the course of the injured employee's employment by you.
2. The employment must be necessary or incidental to your work in a state or territory listed in item 3.A. of the Information Page.
3. Bodily injury by accident must occur during the policy period.
4. Bodily injury by disease must be caused or aggravated by the conditions of your employment. The employee's last day of last exposure to the conditions causing or aggravating such bodily injury by disease must occur during the policy period.
5. If you are sued, the original suit and any related legal actions for damages for bodily injury by accident or by disease must be brought in the United States of America, its territories or possessions, or Canada.

B. We Will Pay

We will pay all sums that you legally must pay as damages because of bodily injury to your employees, provided the bodily injury is covered by this Employers Liability Insurance.

The damages we will pay, where recovery is permitted by law, include damages:

1. For which you are liable to a third party by reason of a claim or suit against you by that third party to recover the damages claimed against

- such third party as a result of injury to your employee;
- 2. For care and loss of services; and
- 3. For consequential bodily injury to a spouse, child, parent, brother or sister of the injured employee; provided that these damages are the direct consequence of bodily injury that arises out of and in the course of the injured employee's employment by you; and
- 4. Because of bodily injury to your employee that arises out of and in the course of employment, claimed against you in a capacity other than as employer.

C. Exclusions

This insurance does not cover:

- 1. Liability assumed under a contract. This exclusion does not apply to a warranty that your work will be done in a workmanlike manner;
- 2. Punitive or exemplary damages because of bodily injury to an employee employed in violation of law;
- 3. Bodily injury to an employee while employed in violation of law with your actual knowledge or the actual knowledge of any of your executive officers;
- 4. Any obligation imposed by a workers compensation, occupational disease, unemployment compensation, or disability benefits law, or any similar law;
- 5. Bodily injury intentionally caused or aggravated by you;
- 6. Bodily injury occurring outside the United States of America, its territories or possessions, and Canada. This exclusion does not apply to bodily injury to a citizen or resident of the United States of America or Canada who is temporarily outside these countries;
- 7. Damages arising out of coercion, criticism, demotion, evaluation, reassignment, discipline, defamation, harassment, humiliation, discrimination against or termination of any employee, or any personnel practices, policies, acts or omissions;
- 8. Bodily injury to any person in work subject to the Longshore and Harbor Workers' Compensation Act (33 U.S.C. Sections 901 et seq.), the Nonappropriated Fund Instrumentalities Act (5 U.S.C. Sections 8171 et seq.), the Outer Continental Shelf Lands Act (43 U.S.C. Sections 1331 et seq.), the Defense Base Act (42 U.S.C. Sections 1651-1654), the Federal Mine Safety and Health Act (30 U.S.C. Sections 801 et seq. and 901-944), any other federal workers or workmen's compensation law or other federal occupational disease law, or any amendments to these laws;
- 9. Bodily injury to any person in work subject to the Federal Employers' Liability Act (45 U.S.C. Sections 51 et seq.), any other federal laws obligating an employer to pay damages to an employee due to bodily injury arising out of or in the course of employment, or any amendments to those laws;
- 10. Bodily injury to a master or member of the crew of any vessel, and does not cover punitive damages related to your duty or obligation to provide transportation, wages, maintenance, and cure under any applicable maritime law;
- 11. Fines or penalties imposed for violation of federal or state law; and
- 12. Damages payable under the Migrant and Seasonal Agricultural Worker Protection Act (29 U.S.C. Sections 1801 et seq.) and under any other federal law awarding damages for violation of those laws or regulations issued thereunder, and any amendments to those laws.

D. We Will Defend

We have the right and duty to defend, at our expense, any claim, proceeding or suit against you for damages payable by this insurance. We have the right to investigate and settle these claims, proceedings and suits.

We have no duty to defend a claim, proceeding or suit that is not covered by this insurance. We have no duty to defend or continue defending after we have paid our applicable limit of liability under this insurance.

E. We Will Also Pay

We will also pay these costs, in addition to other amounts payable under this insurance, as part of any claim, proceeding, or suit we defend:

- 1. Reasonable expenses incurred at our request, but not loss of earnings;
- 2. Premiums for bonds to release attachments and for appeal bonds in bond amounts up to the limit of our liability under this insurance;
- 3. Litigation costs taxed against you;
- 4. Interest on a judgment as required by law until we offer the amount due under this insurance; and
- 5. Expenses we incur.

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(Ed. 1-15)

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F. Other Insurance

We will not pay more than our share of damages and costs covered by this insurance and other insurance or self-insurance. Subject to any limits of liability that apply, all shares will be equal until the loss is paid. If any insurance or self-insurance is exhausted, the shares of all remaining insurance and self-insurance will be equal until the loss is paid.

G. Limits of Liability

Our liability to pay for damages is limited. Our limits of liability are shown in Item 3.B. of the Information Page. They apply as explained below.

1. **Bodily Injury by Accident.** The limit shown for "bodily injury by accident—each accident" is the most we will pay for all damages covered by this insurance because of bodily injury to one or more employees in any one accident.

A disease is not bodily injury by accident unless it results directly from bodily injury by accident.

2. **Bodily Injury by Disease.** The limit shown for "bodily injury by disease—policy limit" is the most we will pay for all damages covered by this insurance and arising out of bodily injury by disease, regardless of the number of employees who sustain bodily injury by disease. The limit shown for "bodily injury by disease—each employee" is the most we will pay for all damages because of bodily injury by disease to any one employee.

Bodily injury by disease does not include disease that results directly from a bodily injury by accident.

3. We will not pay any claims for damages after we have paid the applicable limit of our liability under this insurance.

H. Recovery From Others

We have your rights to recover our payment from anyone liable for an injury covered by this insurance. You will do everything necessary to protect those rights for us and to help us enforce them.

I. Actions Against Us

There will be no right of action against us under this insurance unless:

1. You have complied with all the terms of this policy; and

2. The amount you owe has been determined with our consent or by actual trial and final judgment.

This insurance does not give anyone the right to add us as a defendant in an action against you to determine your liability. The bankruptcy or insolvency of you or your estate will not relieve us of our obligations under this Part.

PART THREE OTHER STATES INSURANCE

A. How This Insurance Applies

1. This other states insurance applies only if one or more states are shown in Item 3.C. of the Information Page.
2. If you begin work in any one of those states after the effective date of this policy and are not insured or are not self-insured for such work, all provisions of the policy will apply as though that state were listed in Item 3.A. of the Information Page.
3. We will reimburse you for the benefits required by the workers compensation law of that state if we are not permitted to pay the benefits directly to persons entitled to them.
4. If you have work on the effective date of this policy in any state not listed in Item 3.A. of the Information Page, coverage will not be afforded for that state unless we are notified within thirty days.

B. Notice

Tell us at once if you begin work in any state listed in Item 3.C. of the Information Page.

PART FOUR YOUR DUTIES IF INJURY OCCURS

Tell us at once if injury occurs that may be covered by this policy. Your other duties are listed here.

1. Provide for immediate medical and other services required by the workers compensation law.
2. Give us or our agent the names and addresses of the injured persons and of witnesses, and other information we may need.
3. Promptly give us all notices, demands and legal

papers related to the injury, claim, proceeding or suit.

4. Cooperate with us and assist us, as we may request, in the investigation, settlement or defense of any claim, proceeding or suit.
5. Do nothing after an injury occurs that would interfere with our right to recover from others.
6. Do not voluntarily make payments, assume obligations or incur expenses, except at your own cost.

PART FIVE PREMIUM

A. Our Manuals

All premium for this policy will be determined by our manuals of rules, rates, rating plans and classifications. We may change our manuals and apply the changes to this policy if authorized by law or a governmental agency regulating this insurance.

B. Classifications

Item 4 of the Information Page shows the rate and premium basis for certain business or work classifications. These classifications were assigned based on an estimate of the exposures you would have during the policy period. If your actual exposures are not properly described by those classifications, we will assign proper classifications, rates and premium basis by endorsement to this policy.

C. Remuneration

Premium for each work classification is determined by multiplying a rate times a premium basis. Remuneration is the most common premium basis. This premium basis includes payroll and all other remuneration paid or payable during the policy period for the services of:

1. all your officers and employees engaged in work covered by this policy; and
2. all other persons engaged in work that could make us liable under Part One (Workers Compensation Insurance) of this policy. If you do not have payroll records for these persons, the contract price for their services and materials may be used as the premium basis. This paragraph 2 will not apply if you give us proof that the employers of these persons lawfully secured their workers compensation obligations.

D. Premium Payments

You will pay all premium when due. You will pay the premium even if part or all of a workers compensation law is not valid.

E. Final Premium

The premium shown on the Information Page, schedules, and endorsements is an estimate. The final premium will be determined after this policy ends by using the actual, not the estimated, premium basis and the proper classifications and rates that lawfully apply to the business and work covered by this policy. If the final premium is more than the premium you paid to us, you must pay us the balance. If it is less, we will refund the balance to you. The final premium will not be less than the highest minimum premium for the classifications covered by this policy.

If this policy is canceled, final premium will be determined in the following way unless our manuals provide otherwise:

1. If we cancel, final premium will be calculated pro rata based on the time this policy was in force. Final premium will not be less than the pro rata share of the minimum premium.
2. If you cancel, final premium will be more than pro rata; it will be based on the time this policy was in force, and increased by our short-rate cancellation table and procedure. Final premium will not be less than the minimum premium.

F. Records

You will keep records of information needed to compute premium. You will provide us with copies of those records when we ask for them.

G. Audit

You will let us examine and audit all your records that relate to this policy. These records include ledgers, journals, registers, vouchers, contracts, tax reports, payroll and disbursement records, and programs for storing and retrieving data. We may conduct the audits during regular business hours during the policy period and within three years after the policy period ends. Information developed by audit will be used to determine final premium. Insurance rate service organizations have the same rights we have under this provision.

PART SIX CONDITIONS

A. Inspection

We have the right, but are not obliged to inspect your workplaces at any time. Our inspections are not safety inspections. They relate only to the insurability of the workplaces and the premiums to be charged. We may give you reports on the conditions we find. We may also recommend changes. While they may help reduce losses, we do not undertake to perform the duty of any person to provide for the health or safety of your employees or the public. We do not warrant that your workplaces are safe or healthful or that they comply with laws, regulations, codes or standards. Insurance rate service organizations have the same rights we have under this provision.

B. Long Term Policy

If the policy period is longer than one year and sixteen days, all provisions of this policy will apply as though a new policy were issued on each annual anniversary that this policy is in force.

C. Transfer of Your Rights and Duties

Your rights or duties under this policy may not be transferred without our written consent.

If you die and we receive notice within thirty days after your death, we will cover your legal representative as insured.

D. Cancellation

1. You may cancel this policy. You must mail or deliver advance written notice to us stating when the cancellation is to take effect.
2. We may cancel this policy. We must mail or deliver to you not less than ten days advance written notice stating when the cancellation is to take effect. Mailing that notice to you at your mailing address shown in Item 1 of the Information Page will be sufficient to prove notice.
3. The policy period will end on the day and hour stated in the cancellation notice.
4. Any of these provisions that conflict with a law that controls the cancellation of the insurance in this policy is changed by this statement to comply with the law.

E. Sole Representative

The Insured first named in Item 1 of the Information Page will act on behalf of all insureds to change this policy, receive return premium, and give or receive notice of cancellation.

OREGON CANCELLATION ENDORSEMENT

This endorsement applies only to the insurance provided by the policy because Oregon is shown in Item 3.A. of the Information Page.

The Cancellation Condition of the policy is replaced by this Condition:

D. Cancellation

1. You may cancel this policy. You must mail or deliver advance written notice to us, stating when the cancellation is to take effect. If you provide for other insurance or self-insurance, your cancellation of coverage will take effect upon the effective date of that insurance.
2. We may cancel this policy. We will mail to you advance written notice stating when the cancellation is to take effect.
 - a. If we cancel based on our decision not to offer insurance to all employers within your premium category, we will mail the notice of cancellation at least 90 days before the cancellation is to take effect.
 - b. If we cancel for other reasons, we will mail the notice of cancellation at least 45 days before the cancellation is to take effect.
 - c. If we cancel for nonpayment, we will mail notice of cancellation at least 10 days before the cancellation is to take effect.
3. Mailing notice to you at your last known mailing address will be sufficient to prove notice.
4. The policy period will end at 12:00 midnight on the day stated in the cancellation notice.
5. When coverage is placed with another carrier as of the policy expiration date, a rejected renewal policy shall be withdrawn without charge, provided notice of nonrenewal is mailed and postmarked on or before the expiration date and is received from the insured by the insurer no later than 10 calendar days after said expiration date.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective 06/30/2015

Policy No. WCP500069701GIC

Endorsement No.

Insured CountryWide Staffing Solutions Group, Inc.

Premium \$ 3,141,165.00

Insurance Company Guarantee Insurance Company

Countersigned by _____

WC 36 06 01 E
(Ed. 1-08)

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WEST VIRGINIA CANCELLATION ENDORSEMENT

This endorsement applies only to the insurance provided by the policy because West Virginia is shown in Item 3.A of the Information Page.

Part Six, D (Conditions—Cancellation) is replaced by:

D. Cancellation

1. You may cancel this policy. You must mail or deliver advance written notice to us by stating when the cancellation is to take effect.
2. We may cancel this policy at any time by providing you thirty (30) days advance written notice.
3. Notwithstanding #2 above, if you fail to pay any premium due or refuse to comply with a premium audit under this policy, we may cancel the policy by providing you ten (10) days advance written notice.
4. We may also choose not to renew this policy by providing sixty (60) days advance written notice.
5. Our mailing of the Notice of Cancellation or Non-Renewal to your mailing address as listed in Item 1 of the information page will be sufficient notice of our intent to cancel. We will also provide notice of the cancellation or non-renewal of the policy to the West Virginia Insurance Commissioner at least ten (10) days prior to the effective date of the termination, within ten (10) days of receipt of your request for cancellation, as applicable.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.
(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective 06/30/2015

Policy No. WCP500069701GIC

Endorsement No.

Insured CountryWide Staffing Solutions Group, Inc.

Premium \$ 3,141,165.00

Insurance Company Guarantee Insurance Company

Countersigned by _____

WC 47 06 01

(Ed: 7-08)

DELAWARE CONSTRUCTION CLASSIFICATION PREMIUM ADJUSTMENT ENDORSEMENT

The premium for the policy may be adjusted by a Delaware Construction Classification Premium Adjustment Factor. The factor was not available when the policy was issued. If you qualify, we will issue an endorsement to show the Premium Adjustment Factor after it is calculated.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective 06/30/2015

Policy No. WCP500069701GIC

Endorsement No.

Insured CountryWide Staffing Solutions Group, Inc.

Premium \$ 3,141,165.00

Insurance Company Guarantee Insurance Company

Countersigned by _____

WC 07 04 02
(Ed. 7-90)

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DELAWARE MERIT RATING PLAN ENDORSEMENT

This endorsement applies to the insurance provided by this policy because Delaware is shown in Item 3.A of the Information Page.

The premium for this insurance may be subject to merit rating plan adjustment because your premium may be less than the amount necessary to be eligible for the Uniform Experience Rating Plan.

The following premium discount or surcharge will be applied to your manual premium based on your claims during the most recent three year period for which statistics are available.

1. A 5% credit (discount) will be applied if you had no compensable employee lost-time injuries—Statistical Code 9885.
2. No credit or debit will be applied if you had one (1) compensable employee lost-time injury—Statistical Code 9884.
3. A 5% debit (surcharge) will be applied if you had two (2) or more compensable employee lost-time injuries—Statistical Code 9886.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective 06/30/2015

Policy No. WCP500069701GIC

Endorsement No.

Insured CountryWide Staffing Solutions Group, Inc.

Premium \$ 3,141,165.00

Insurance Company Guarantee Insurance Company

Countersigned by _____

WC 070408
(Ed. 7-99)

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KENTUCKY PART ONE WORKERS COMPENSATION INSURANCE ENDORSEMENT

This endorsement modifies the insurance policy to which it is attached and applies to the insurance provided by this policy because Kentucky is shown in Item 3.A. of the Information Page.

F. 3. of Part One, Workers Compensation Insurance of the policy is replaced by the following:

F. Payments You Must Make

3. you fail to comply with a health or safety law or regulation; provided that, however, we are responsible for payment of any amounts in excess of the benefits regularly provided under the workers compensation law of this state if an accident is caused in any degree by the intentional failure of the employer to comply with any specific statute or lawful administrative regulation made there under, communicated to the employer and relative to the installation or maintenance of safety appliances or methods as provided in KRS 342.165(1); or

Except for any payments for which we are responsible as provided in Section F.3. above, if we make any payments in excess of the benefits regularly provided by the workers compensation law on your behalf, you will reimburse us promptly

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective 06/30/2015

Policy No. WCP500069701GIC

Endorsement No.

Insured CountryWide Staffing Solutions Group, Inc.

Premium \$ 3,141,165.00

Insurance Company Guarantee Insurance Company

Countersigned by _____

WC 16 03 05
(Ed. 6-07)

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DELAWARE NONRENEWAL ENDORSEMENT

We may elect not to renew the policy. By certified mail we will mail to you, not less than 60 days advance written notice, when the nonrenewal will take effect. Mailing that notice to you at your mailing address, shown in Item 1 of the Information Page, will be sufficient to prove notice.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective 06/30/2015

Policy No. WCP500069701GIC

Endorsement No.

Insured CountryWide Staffing Solutions Group, Inc.

Premium \$ 3,141,165.00

Insurance Company Guarantee Insurance Company

Countersigned by _____

WC 07 06 01
(Ed. 7-88)

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MARYLAND CONSTRUCTION CLASSIFICATION PREMIUM REDUCTION PROGRAM ENDORSEMENT

This premium for the policy may be reduced by the Maryland Construction Classification Premium credit factor. The factor was not available when the policy was issued. If you qualify, or if an estimated factor has been applied, we will issue an endorsement to show the proper premium reduction factor after it is calculated.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.
(The information below is required only when this endorsement is issued subsequent to preparation of the policy)

Endorsement Effective: 06/30/2015

Policy No.: WCP500069701GIC

Endorsement No.:

Carrier No.: 20850

Premium: INCL

Insured: CountryWide Staffing Solutions Group, Inc.

Insurance Company: Guarantee Insurance Company

Countersigned by: _____

WC 19 04 01
(Ed. 7-93)

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MICHIGAN NOTICE TO POLICYHOLDER ENDORSEMENT

This endorsement applies only to the insurance provided by the policy because Michigan is shown in Item 3.A. of the Information Page.

1. Rates and Premium

The policy contains rates and classifications that apply to your type of business. If you have any questions regarding the rates or classifications, please contact us or your agent.

You may obtain pertinent rating information by submitting a written request to us at our address shown on this endorsement. We may require you to pay a reasonable charge for furnishing the information.

You may also submit a written request for a review of the method by which your rates and premiums were determined. If you are not satisfied with the results of the review, you may appeal to the Commissioner of Insurance at the address shown in this endorsement.

2. Payroll Audits

You may request a payroll audit once each calendar year. Your request must be in writing, sent to our address shown in this endorsement. You must state that you believe your payroll expenditures have changed by 20% or more, and you must state the reasons for that belief. We will complete the audit within 120 days of receipt of your request if you provide us with all information we need to perform the audit.

3. Reserves or Redemption

You may request reserve and redemption information that relates to the premium for this policy. Your request must be in writing sent to our address shown in this endorsement. We will provide you with that information within thirty (30) days of receipt of your request.

If you believe that the policy premiums are excessive because we set unreasonable reserves or because of the unreasonable redemption of a claim, you may request a meeting with our management representative. Your request must be in writing sent to our address shown in this endorsement. If you are not satisfied with the results of the meeting, you may appeal to the Insurance Commissioner at the address shown in this endorsement.

Addresses

Commissioner of Insurance
Michigan Insurance Bureau
P.O. Box 30220
Lansing, MI 48909

Company Address

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.
(The information below is required only when this endorsement is issued subsequent to preparation of the policy)

Endorsement Effective: 06/30/2015

Policy No.: WCP500069701GIC

Endorsement No.:

Carrier No.: 20850

Premium: \$ 3,141,165.00

Insured: CountryWide Staffing Solutions Group, Inc.

Insurance Company: Guarantee Insurance Company

Countersigned by: _____

WC 21 03 03 A
(Ed. 6-97)

Page 2 of 2

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MICHIGAN LAW ENDORSEMENT

This endorsement applies only to the insurance provided by the policy because Michigan is shown in Item 3.A. of the Information Page.

Michigan law requires that we attach this paragraph to your policy in the language specified by the statute. To help you understand the paragraph, the following definitions are added:

1. We are "the insurer issuing this policy"
2. You are "the insured employer"
3. "Michigan workmen's compensation act" means the Workers' Disability Compensation Act of 1969"
4. "Workmen's compensation" means workers compensation"
5. "The bureau of workmen's compensation" means the Bureau of Workers' Disability Compensation"

"Notwithstanding any language elsewhere contained in this contract or policy of insurance, the accident fund or the insurer issuing this policy hereby contracts and agrees with the insured employer:

Compensation

- a. That it will pay to the persons that may become entitled thereto all workmen's compensation for which the insured employer may become liable under the provisions of the Michigan workmen's compensation act for all compensable injuries or compensable occupational diseases happening to his employees during the life of this contract or policy;

Medical Services

- b. That it will furnish or cause to be furnished to all employees of the employer all reasonable medical, surgical, and hospital services and medicines when they are needed, which the employer may be obligated to furnish or cause to be furnished to his employees under the provisions of the Michigan workmen's compensation act, and that it will pay to the persons entitled thereto for all such services and medicines when they are needed for all compensable injuries or compensable occupational diseases happening to his employees during the life of this contract or policy;

Rehabilitation Services

- c. That it will furnish or cause to be furnished such rehabilitation services for which the insured employer may become liable to furnish or cause to be furnished under the provisions of the Michigan workmen's compensation act for all compensable injuries or compensable occupational diseases happening to his employees during the life of this contract or policy;

Funeral Expenses

- d. That it will pay or cause to be paid the reasonable expense of the last sickness and burial of all employees whose deaths are caused by compensable injuries or compensable occupational diseases happening during the life of this contract or policy and arising out of and in the course of their employment with the employer, which the employer may be obligated to pay under the provisions of the Michigan workmen's compensation act;

WC 21 03 04

(Ed. 4-84)

Page 1 of 2

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Scope of Contract

- e. That this insurance contract or policy shall for all purposes be held and deemed to cover all the businesses the said employer is engaged in at the time of the issuance of this contract or policy and all other businesses, if any, the employer may engage in during the life thereof, and all employees the employer may employ in any of his businesses during the period covered by this policy;

Obligations Assumed

- f. That it hereby assumes all obligations imposed upon the employer by his acceptance of the Michigan workmen's compensation act, as far as the payment of compensation, death benefits, medical, surgical, hospital care or medicine and rehabilitation services is concerned;

Termination Notice

- g. That it will file with the bureau of workmen's compensation at Lansing, Michigan, at least 20 days before the taking effect of any termination or cancelation of this contract or policy, a notice giving the date at which it is proposed to terminate or cancel this contract or policy; and that any termination of this policy shall not be effective as far as the employees of the insured employer are concerned until 20 days after notice of proposed termination or cancelation is received by the bureau of workmen's compensation;

Conflicting Provisions

- h. That all the provisions of this contract, if any, which are not in harmony with this paragraph are to be construed as modified hereby, and all conditions and limitations in the policy, if any, conflicting herewith are hereby made null and void."

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.
(The information below is required only when this endorsement is issued subsequent to preparation of the policy)

Endorsement Effective: 06/30/2015

Policy No.: WCP500069701GIC Endorsement No.:

Carrier No.: 20850

Premium: \$ 3,141,165.00

Insured: CountryWide Staffing Solutions Group, Inc,

Insurance Company: Guarantee Insurance Company

Countersigned by: _____

WC 21 03 04
(Ed. 4-84)

Page 2 of 2

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OREGON EMPLOYEE LEASING LABOR CONTRACTOR ENDORSEMENT

This endorsement applies only to the insurance provided by the policy because Oregon is shown in Item 3.A. of the Information Page.

This endorsement is applicable to all policies issued to Oregon licensed employee leasing contractors as required by ORS 656.855. A copy of the employee leasing contractor license issued by the Oregon regulatory authority shall be provided to the insurer upon request.

If you fail to provide a copy of the employee leasing contractor license within 30 days from the date requested, we may cancel the policy.

Clients are covered in this policy, as if the client was a named insured, if the client company is listed in the Schedule.

Premium for each client company is based upon the client company class codes and is subject to the individual experience rating factor of the client company.

The client company experience rating factor may be tentative and subject to the late experience rating modification application rules in Oregon statutes, regulations or bulletins.

Schedule

Legal name and entity status of the client company

Address

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective 06/30/2015

Policy No. WCP500069701GIC

Endorsement No.

Insured CountryWide Staffing Solutions Group, Inc.

Premium \$ 3,141,165.00

Insurance Company Guarantee Insurance Company

Countersigned by _____

WC 36 03 03 B
(Ed. 07-11)

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OREGON LIMITS OF LIABILITY ENDORSEMENT

This endorsement applies only to the insurance provided by the policy because Oregon is shown in Item 3.A. of the Information Page.

The limits of our liability under Part Two of the policy are:

Bodily Injury by Accident	\$500,000	or the amount shown in Item 3.B. of the Information Page, whichever is greater, each accident
Bodily Injury by Disease	\$500,000	or the amount shown in Item 3.B. of the Information Page, whichever is greater, policy limit
Bodily Injury by Disease	\$500,000	or the amount shown in Item 3.B. of the Information Page, whichever is greater, each employee

This change applies to the insurance this policy provides for Oregon operations only.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective 06/30/2015

Policy No. WCP500069701GIC

Endorsement No.

Insured CountryWide Staffing Solutions Group, Inc.

Premium \$ 3,141,165.00

Insurance Company Guarantee Insurance Company

Countersigned by _____

WC 36 03 06

(Ed.1-02)

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OREGON CONTRACTING CLASSIFICATION PREMIUM ADJUSTMENT ENDORSEMENT

The premium for the policy may be adjusted by an Oregon Contracting Classification Premium Adjustment factor. The factor was not available when the policy was issued. If you qualify, or if an estimated factor has been applied, we will issue an endorsement to show the proper premium adjustment factor after it is calculated.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective 06/30/2015

Policy No. WCP500069701GIC

Endorsement No.

Insured CountryWide Staffing Solutions Group, Inc.

Premium \$ 3,141,165.00

Insurance Company Guarantee Insurance Company

Countersigned by _____

WC 36 04 02
(Ed. 1-91)

OREGON PREMIUM DUE DATE ENDORSEMENT

This endorsement is used to amend:

Section D. of Part Five of the policy is replaced by this provision.

PART FIVE PREMIUM

D. Premium is amended to read:

You will pay all premium when due. You will pay the premium even if part or all of a workers compensation law is not valid. The due date for audit and retrospective premiums is the date specified in the billing invoice for the policy.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective 06/30/2015

Policy No. WCP500069701GIC

Endorsement No.

Insured CountryWide Staffing Solutions Group, Inc.

Premium \$ 3,141,165.00

Insurance Company Guarantee Insurance Company

Countersigned by: _____

WC 36 04 06

(Ed. 10-01)

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OREGON CONFIDENTIALITY ENDORSEMENT

We may furnish you with certain documentation that includes confidential information. As used in this endorsement, "confidential information" means any and all medical and vocational claim records and information about an injured worker. We make this information available to you for the sole purpose of assisting us to manage, defend, or adjust claims.

1. You agree to hold all information provided by us in trust and confidence.
2. You and your employees must not disclose confidential information about an injured worker to anyone except us unless required to do so by law or with written consent of the injured worker. You will take steps necessary to protect the confidentiality of information about injured workers, including obtaining specific contractual promises from your employees and agents not to disclose any confidential information except as provided in this endorsement. You must not use confidential information for purposes other than those necessary to directly further the purposes of this endorsement.
3. You must not use confidential information in such a manner that is likely to allow other persons to know the name or identity of an injured worker, or allow other persons to know any other particulars of a worker's injury claim, except for those matters over which you as an employer have the ability and the right to direct and control. In no case can you use confidential information either singly or in concert to discriminate unlawfully against any injured worker.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective 06/30/2015 Policy No. WCP500069701GIC
Insured CountryWide Staffing Solutions Group, Inc.

Endorsement No.
Premium \$ 3,141,165.00

Insurance Company Guarantee Insurance Company Countersigned by _____

WC 36 06 02
(Ed. 01-11)

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GEORGIA EMPLOYEE LEASING ENDORSEMENT

This policy applies only with respect to leased workers provided by you to the lessee (client) shown below under an employee leasing arrangement. This policy does not provide coverage for workers that you lease to other clients or for your employees that you do not lease to any client.

Certain words and phrases in this endorsement are defined as follows:

Employee Leasing Company means (1) any employee leasing company as defined in O.C.G.A. §34-8-32 and (2) any professional employer organization as defined in O.C.G.A. §34-7-6.

Employee Leasing Arrangement means a contractual arrangement, including long-term temporary arrangements, whereby a lessor obligates itself to perform specified employer responsibilities as to leased employees including the securing of workers compensation insurance. Employee leasing arrangement does not include temporary help arrangement.

Long-Term Temporary Arrangement means an arrangement where one company leases all or a majority number of workers from another for a period in excess of six months or consecutive periods equal to or greater than one year.

Temporary Help Arrangement means a service whereby an organization hires its own employees and assigns them to clients for a finite time period to support or supplement the client's workforce in special work situations such as, but not limited to, employee absences, temporary skill shortages, seasonal workloads, and special assignments and projects.

Lessor (Employee Leasing Company) shall mean an entity that leases any of its workers to a lessee through an employee leasing arrangement. A lessor may also be referred to as a labor contractor.

Lessee (Client Company) shall mean an entity that obtains any of its workforce from another entity through an employee leasing arrangement.

Part One (Workers Compensation Insurance) and Part Two (Liability Insurance) will apply as though the client is an insured. Under Part One, we will reimburse the client for the benefits required by the workers compensation law if we are not permitted to pay the benefits directly to the persons entitled to them.

The insurance afforded by this endorsement is not intended to satisfy the client's duty to secure its obligations under the workers compensation law for any employee not leased through an employee leasing arrangement. If the policy is cancelled, we will send notice of such cancellation to the client.

We will not ask any other insurer of the client to share with us a loss covered by this endorsement.

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Part Four (Your Duties If Injury Occurs) applies to you and the client. The client will recognize our right to defend under Parts One and Two and our right to inspect under Part Six (Conditions).

Schedule

Name Link Code	Client Name	Address	FEIN#
	Environmental Staffing, Inc.	100 Main Street NORCROSS, GA, 30003	993331142
	Fleet Personnel Corp.	100 Main Street NORCROSS, GA, 30003	113364558
	Pearson Education, Inc.	100 Main Street Norcross, GA, 30003	468426553

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective 06/30/2015	Policy No. WCP500069701GIC	Endorsement No.
Insured CountryWide Staffing Solutions Group, Inc.		Premium \$ 3,141,165.00
Insurance Company Guarantee Insurance Company	Countersigned by _____	

WC 10 03 01

(Ed. 11-99)

GEORGIA CANCELATION, NONRENEWAL AND CHANGE ENDORSEMENT

This endorsement applies only to the insurance provided by the policy because Georgia is shown in Item 3.A. of the Information Page.

The Cancellation Condition of the policy is replaced by this Condition:

D. Cancellation, Nonrenewal and Change

1. You may cancel this policy. You must mail or deliver advance notice to us stating when the cancellation is to take effect, subject to the following:
 - a. If only your interest is affected, the effective date of cancellation will be the later of the date we receive notice from you or the date specified in the notice.
 - b. If by statute, regulation or contract this policy may not be canceled unless notice is given to a governmental agency or other third party, we will mail or deliver at least 10 days notice to you and the third party as soon as practicable after receiving your request for cancellation. Our notice will state the effective date of cancellation, which will be the later of the following:
 - 1) 10 days from the date of mailing or delivering our notice, or
 - 2) The effective date of cancellation stated in your notice to us.
2. We may cancel or nonrenew this policy. We must mail or deliver notice at least 10 days before the effective date of cancellation if this policy has been in effect less than 60 days or if we cancel for nonpayment of premium. If this policy has been in effect 60 or more days and we cancel for a reason other than nonpayment of premium or if we nonrenew this policy, we must send to you a notice of cancellation or nonrenewal by certified mail, return receipt requested, to your last address of record at least 75 days prior to the effective date of cancellation or nonrenewal.
3. If we increase current policy premium by more than 15% (other than any increase due to change in risk, exposure or experience modification or resulting from an audit of auditable coverages), limit or restrict coverage, we must mail by first class mail or deliver a notice of our action (including dollar amount of any increase in renewal premium more than 15%) to you at the last mailing address of record at least 45 days before the expiration date of this policy.
4. The policy period will end on the day and hour stated in the cancellation notice except as provided for above.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective 06/30/2015	Policy No. WCP500069701GIC	Endorsement No.
Insured CountryWide Staffing Solutions Group, Inc.		Premium \$ 3,141,165.00

Insurance Company Guarantee Insurance Company

Countersigned by _____

WC 10 06 01 A

(Ed. 4-93)

MAINE INSPECTION IMMUNITY ENDORSEMENT
(TITLE 14 MAINE REVISED STATUTES ANNOTATED SECTION 167)
THE FOLLOWING LIMITS OUR LIABILITY

We, the insurance company, our agents, employees, or service contractors, are not liable for damages from injury, death or loss occurring as a result of any act or omission in the furnishing of or the failure to furnish insurance inspection services related to, in connection with or incidental to the issuance or renewal of a policy of property or casualty insurance.

This exemption from liability does not apply:

- A. If the injury, loss or death occurred during the actual performance of inspection services and was proximately caused by our negligence or by the negligence of our agents, employees or service contractors;
- B. To any inspection services required to be performed under the provisions of a written service contract or defined loss prevention program;
- C. In any action against us, our agents, employees, or service contractors for damages proximately caused by our acts or omissions which are determined to constitute a crime, actual malice or gross negligence; or,
- D. If we fail to provide this written notice to the insured whenever a policy is issued or when new policy forms are issued upon renewal.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated;
(The information below is required only when this endorsement is issued subsequent to preparation of the policy)

Endorsement Effective: 06/30/2015

Policy No.: WCP500069701GIC

Endorsement No.:

Carrier No.: 20850

Premium: \$ 3,141,165.00

Insured: CountryWide Staffing Solutions Group, Inc.

Insurance Company: Guarantee Insurance Company

Countersigned by: _____

WC 18 06 01
(Ed. 4-84)

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MAINE CANCELATION AND NONRENEWAL ENDORSEMENT

This endorsement applies only to the insurance provided by the policy because Maine is shown in Item 3.A. of the Information Page.

The Cancellation Condition of the policy is replaced by this Condition:

Cancellation

1. You may cancel this policy. You must mail or deliver advance written notice to us stating when the cancellation is to take effect.
2. We may cancel this policy. We must mail or deliver to you and to the Workers Compensation Board not less than 30 days advance written notice stating when the cancellation is to take effect. Mailing notice to you at your last known address will be sufficient to prove notice.
3. The policy period will end on the day and hour stated in the cancellation notice. If you have obtained a workers compensation and employers liability insurance policy from another insurance company, or have otherwise secured your obligation to provide compensation, and such insurance or other security becomes effective prior to the expiration of the notice period, the policy period will end on the effective date of such other insurance or security.
4. If this policy has been renewed or has been in effect for 60 days or more, we may cancel only for one of the following reasons:
 - a. Nonpayment of premium;
 - b. Fraud or a material misrepresentation was made in obtaining the policy, continuing the policy or presenting a claim under the policy;
 - c. The risk accepted when the policy was issued has substantially increased;
 - d. Your failure to comply with reasonable loss control recommendations;
 - e. A substantial breach of contractual duties, conditions or warranties under the policy;
 - f. The Superintendent has determined that continuation of the policy could jeopardize our solvency or place us in violation of the law.

Nonrenewal

We may elect not to renew the policy. We will mail or deliver to you not less than 30 days advance written notice. A post office certificate of mailing to you at your last known address will be conclusive proof of receipt of that notice on the third calendar day after mailing.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.
(The information below is required only when this endorsement is issued subsequent to preparation of the policy)

Endorsement Effective: 06/30/2015

Policy No.: WCP500069701GIC

Endorsement No.:

Carrier No.: 20850

Premium: \$ 3,141,165.00

Insured: CountryWide Staffing Solutions Group, Inc.

Insurance Company: Guarantee Insurance Company

Countersigned by: _____

WC 18 06 03 A
(Ed. 6-95)

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MAINE FINAL PREMIUM AUDIT ENDORSEMENT

This endorsement applies only to the insurance provided by the policy because Maine is shown in Item 3.A. of the Information Page.

Part Five (Premium), Condition E, Final Premium, and Condition G, Audit, are changed by adding these Conditions:

E. Final Premium

We are required by Maine regulation to complete our final premium audit not later than 120 days after the policy period ends.

If we are unable to examine and audit your records because of your failure to cooperate, we will mail a advance written notice to you stating the reasons for our inability to establish the final premium. Your final premium will be established no later than 120 days from the time we are able to complete the examination and audit of your records.

If we have not established the final premium within the 120-day time limitation, we may not bill or collect any additional premium that exceeds the latest billed annual premium.

G. Audit

You may request a final premium audit to determine whether you are entitled to a refund, if we have not established the final premium within the 120-day time limit. You will mail or deliver written notice to us requesting the audit.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.
(The information below is required only when this endorsement is issued subsequent to preparation of the policy)

Endorsement Effective: 06/30/2015

Policy No.: WCP500069701GIC

Endorsement No.:

Carrier No.:20850

Premium: \$ 3,141,165.00

Insured: CountryWide Staffing Solutions Group, Inc.

Insurance Company: Guarantee Insurance Company

Countersigned by: _____

WC 18 06 04
(Ed. 5-88)

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MAINE NOTICE OF FILING OF FIRST REPORTS OF INJURY WITHIN SEVEN DAYS ENDORSEMENT

This endorsement applies only to the insurance provided by the policy because Maine is shown in Item 3.A. of the Information Page.

Employer's First Report of Occupational Injury or Disease, form WCB-1, required to be filed for injuries arising out of and in the course of an employee's employment that has caused the employee to lose a day's work shall be reported to and received by the Workers' Compensation Board within seven (7) days after the employer receives notice or knowledge of the injury, as provided by 39-A M.R.S.A. sec. 303. First Reports of Injury can be mailed, electronically submitted, or faxed to the Workers' Compensation Board at 207-287-5895.

Contact us immediately if an injury occurs that may be required to be reported to the Workers' Compensation Board.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.
(The information below is required only when this endorsement is issued subsequent to preparation of the policy)

Endorsement Effective: 06/30/2015

Policy No.: WCP500069701GIC

Endorsement No.:

Carrier No.: 20850

Premium: \$ 3,141,165.00

Insured: CountryWide Staffing Solutions Group, Inc.

Insurance Company: Guarantee Insurance Company

Countersigned by: _____

WC 18 06 06
(Ed. 4-99)

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MAINE SUPPLEMENTAL BENEFITS FUND ENDORSEMENT

This endorsement applies only to the insurance provided by the policy because Maine is shown in Item 3.A. of the Information Page.

Title 39-A of Maine Revised Statute Annotated, sections 355A through section 356 establishes the Maine Supplemental Benefits Fund to reimburse insurers and self-insurers for their payments of compensation to employees made pursuant to 39-A M.R.S.A. § 213(3),(4).

We are authorized pursuant to 39-A M.R.S.A. § 356 to collect a surcharge from you to pay the assessments required pursuant to 39-A M.R.S.A. § 154(3). Your surcharge will be calculated in accordance with 39-A M.R.S.A. § 154(3)(B-1).

Schedule

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This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.
(The information below is required only when this endorsement is issued subsequent to preparation of the policy)

Endorsement Effective: 06/30/2015

Policy No.: WCP500069701GIC

Endorsement No.:

Carrier No.: 20850

Premium: \$ 3,141,165.00

Insured: CountryWide Staffing Solutions Group, Inc.

Insurance Company: Guarantee Insurance Company

Countersigned by: _____

WC 18 06 07 A
(Ed. 7-11)

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KNOWLEDGE/NOTICE OF OCCURRENCE ENDORSEMENT

You shall advise us or any of our authorized representatives or producers as soon as practicable after an accident or injury becomes known to you. It is agreed that knowledge of an accident or injury by your agent, servant or employee shall not in itself constitute knowledge by you unless you or any partner or any executive officer or any other officer or person responsible for insurance matters for you shall have received such notice from the agent, servant or employee.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.
(The information below is required only when this endorsement is issued subsequent to preparation of the policy)

Endorsement Effective: 06/30/2015

Policy No.: WCP500069701GIC

Endorsement No.:

Carrier No.: 20850

Premium: \$ 3,141,165.00

Insured: CountryWide Staffing Solutions Group, Inc.

Insurance Company: Guarantee Insurance Company

Countersigned by: _____

WC 99 04 41
(Ed. 7-10)

MAINE NOTICE

In accordance with Maine Title 39-A Section 402, an insurance company that issues workers' compensation insurance policies may not require prepayment of premium more than ¼ year in advance.

Please advise us if an adjustment in method of premium payment is desired.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.
(The information below is required only when this endorsement is issued subsequent to preparation of the policy)

Endorsement Effective: 06/30/2015

Policy No.: WCP500069701GIC

Endorsement No.:

Carrier No.: 20850

Premium: \$ 3,141,165.00

Insured: CountryWide Staffing Solutions Group, Inc.

Insurance Company: Guarantee Insurance Company

Countersigned by: _____

WC 99 04 42
(Ed. 7-10)

MISSOURI CONTRACTING CLASSIFICATION PREMIUM ADJUSTMENT ENDORSEMENT

The premium for the policy may be adjusted by a Missouri Contracting Classification Premium Adjustment factor. The factor was not available when the policy was issued. If you qualify, we will issue an endorsement to show the premium adjustment factor after it is calculated.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.
(The information below is required only when this endorsement is issued subsequent to preparation of the policy)

Endorsement Effective: 06/30/2015

Policy No.: WCP500069701GIC

Endorsement No.:

Carrier No.: 20850

Premium: INCL

Insured: CountryWide Staffing Solutions Group, Inc.

Insurance Company: Guarantee Insurance Company

Countersigned by: _____

WC 24 04 01

(Ed. 1-90)

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MISSOURI EMPLOYER PAID MEDICAL ENDORSEMENT

This endorsement applies only to the insurance provided by the policy because Missouri is shown in Item 3.A. of the Information Page.

As a Missouri employer, you have the right, as provided by Section 287.957 of the Revised Statutes of Missouri, to have medical-only claims that do not exceed \$1,000 excluded from your experience modification calculation. This will only be allowed when you pay all of the employee's medical costs, there is no lost time from the employment, other than the first three days or less of disability and no claim is filed. You still must report all injuries, regardless of the dollar amount, to the Division of Workers' Compensation and to us.

However, it should be noted that if, at any time, the medical expenses that are paid "out-of-pocket" due to a particular injury should ever exceed \$1,000 in the aggregate, and/or the employee misses more than three days from work due to the injury, then this injury must be reported to us as a claim. We will pay the full amount of the claim, which includes any reimbursements due to you for past medical expenses incurred by you for this particular claim. As a result, the total amount of losses incurred by us due to this claim will be included in your experience modification calculation.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.
(The information below is required only when this endorsement is issued subsequent to preparation of the policy)

Endorsement Effective: 06/30/2015

Policy No.: WCP500069701GIC

Endorsement No.:

Carrier No.: 20850

Premium: INCL

Insured: CountryWide Staffing Solutions Group, Inc.

Insurance Company: Guarantee Insurance Company

Countersigned by: _____

WC 24 04 06 C
(Ed. 8-05)

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MISSOURI CANCELATION AND NONRENEWAL ENDORSEMENT

This endorsement applies only to the insurance provided by the policy because Missouri is shown in Item 3.A. of the Information Page.

The Cancellation Condition of the policy is replaced by the following:

Cancellation

1. You may cancel this policy. You will mail or deliver advance written notice to us, stating when the cancellation is to take effect.
2. We may cancel this policy. We will mail or deliver to you not less than 60 days advance written notice stating when the cancellation is to take effect and our reason for cancellation. Proof of mailing of this notice to you at your mailing address shown in Item 1 of the Information Page will be sufficient to prove notice.
3. The 60-day notice requirement does not apply where cancellation is based on one or more of the following reasons:
 - a. nonpayment of premium;
 - b. fraud or material misrepresentation affecting the policy or in the presentation of a claim under the policy;
 - c. a violation of policy terms;
 - d. changes in conditions after the effective date of the policy materially increasing the hazards originally insured;
 - e. our insolvency;
 - f. our involuntary loss of reinsurance for the policy.
4. The policy period will end on the day and hour stated in the cancellation notice.

Nonrenewal

1. We may elect not to renew the policy. We will mail to you not less than 60 days advance written notice stating when the nonrenewal will take effect and our reason for nonrenewal. Proof of mailing of this notice to you at your mailing address shown in Item 1 of the Information Page will be sufficient to prove notice.
2. If we fail to provide the notice of nonrenewal as required, the policy will still terminate on its expiration date if:
 - a. we show you our willingness to renew the policy but you notify us or the agent or broker who procured this policy that you do not want the policy renewed; or
 - b. you fail to pay all premiums when due; or
 - c. you obtain other insurance as a replacement of the policy.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.
(The information below is required only when this endorsement is issued subsequent to preparation of the policy)

Endorsement Effective: 06/30/2015

Policy No.: WCP500069701GIC

Endorsement No.:

Carrier No.: 20850

Premium: INCL

Insured: CountryWide Staffing Solutions Group, Inc.

Insurance Company: Guarantee Insurance Company

Countersigned by: _____

WC 24 06 01 B
(Ed. 1-96)

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MISSOURI PROPERTY AND CASUALTY GUARANTY ASSOCIATION NOTIFICATION ENDORSEMENT

This endorsement applies only to the insurance provided by the policy because Missouri is shown in Item 3.A. of the Information Page.

Missouri Property and Casualty Insurance Guaranty Association Coverage Limits:

1. Subject to the provisions of the Missouri Property and Casualty Insurance Guaranty Association Act (Act), if we are a member of the Missouri Property and Casualty Insurance Guaranty Association (Association), the Association will pay claims covered under the Act if we become insolvent.
2. The Act contains various exclusions, conditions and limitations that govern a claimant's eligibility to collect payment from the Association and affect the amount of any payment. The following limitation applies subject to all other provisions of the Act:
 - a. Claims covered by the Association do not include a claim by or against an insured of an insolvent insurer if the insured has a net worth of more than \$25 million on the later of the end of the insured's most recent fiscal year or the December thirty-first of the year next preceding the date the insurer becomes an insolvent insurer; provided that an insured's net worth on such date shall be deemed to include the aggregate net worth of the insured and all of its affiliates as calculated on a consolidated basis.

If the insured prepares an annual report to shareholders, or an annual report to management reflecting net worth, then such report for the fiscal year immediately preceding the date of insolvency of the insurer will be used to determine net worth.

However, the association will not:

- (1) Pay an amount in excess of the applicable limit of insurance of the policy from which a claim arises; or
- (2) Return to an insured any unearned premium in excess of \$25,000.

These limitations have no effect on the coverage we will provide under this policy.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.
(The information below is required only when this endorsement is issued subsequent to preparation of the policy)

Endorsement Effective: 06/30/2015

Policy No.: WCP500069701GIC

Endorsement No.:

Carrier No.: 20850

Premium: INCL

Insured: CountryWide Staffing Solutions Group, Inc.

Insurance Company: Guarantee Insurance Company

Countersigned by: _____

WC 24 06 02 B
(Ed. 7-06)

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PENDING RATE CHANGE ENDORSEMENT

A rate change filing is being considered by the proper regulatory authority. The filing may result in rates different from the rates shown on the policy. If it does, we will issue an endorsement to show the new rates and their effective date.

If only one state is shown in Item 3.A. of the Information Page, this endorsement applies to that state. If more than one state is shown there, this endorsement applies only in the state shown in the Schedule.

Schedule

State AL, DE, FL, GA, ID, IN, KY, ME, MD, MI, MS, MO, NC, OR, SC, TN, TX, VA, WV

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective 06/30/2015 Policy No. WCP500069701GIC Endorsement No.

Insured CountryWide Staffing Solutions Group, Inc. Premium INCL

Insurance Company Guarantee Insurance Company

Countersigned by _____

WC 00 04 04
(Ed. 4-84)

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PREMIUM DISCOUNT ENDORSEMENT

The premium for this policy and the policies, if any, listed in Item 3 of the Schedule may be eligible for a discount. This endorsement shows your estimated discount in Items 1 or 2 of the Schedule. The final calculation of premium discount will be determined by our manuals and your premium basis as determined by audit. Premium subject to retrospective rating is not subject to premium discount.

Schedule

1. State	Estimated Eligible Premium			
	First	Next	Next	Balance
TX	\$ 5,000.00	\$ 95,000.00	\$ 400,000.00	

2. Average percentage discount: 0.69%
3. Other policies:
4. If there are no entries in Items 1, 2 and 3 of the Schedule, see the Premium Discount Endorsement attached to your policy number:

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective 06/30/2015	Policy No. WCP500069701GIC	Endorsement No.
Insured CountryWide Staffing Solutions Group, Inc.		Premium INCL
Insurance Company Guarantee Insurance Company	Countersigned by _____	

WC 00 04 06
(Ed. 8-84)

NOTIFICATION OF CHANGE IN OWNERSHIP ENDORSEMENT

Experience rating is mandatory for all eligible insureds. The experience rating modification factor, if any, applicable to this policy, may change if there is a change in your ownership or in that of one or more of the entities eligible to be combined with you for experience rating purposes. Change in ownership includes sales, purchases, other transfers, mergers, consolidations, dissolutions, formations of a new entity and other changes provided for in the applicable experience rating plan manual.

You must report any change in ownership to us in writing within 90 days of such change. Failure to report such changes within this period may result in revision of the experience rating modification factor used to determine your premium.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective 06/30/2015 Policy No. WCP500069701GIC Endorsement No.

Insured CountryWide Staffing Solutions Group, Inc. Premium INCL

Insurance Company Guarantee Insurance Company Countersigned by _____

WC 00 04 14
(Ed. 7-90)

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PREMIUM DUE DATE ENDORSEMENT

This endorsement is used to amend:

Section D. of Part Five of the policy is replaced by this provision.

PART FIVE PREMIUM

D. Premium is amended to read:

You will pay all premium when due. You will pay the premium even if part or all of a workers compensation law is not valid. The due date for audit and retrospective premiums is the date of the billing.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective 06/30/2015

Policy No. WCP500069701GIC

Endorsement No.

Insured CountryWide Staffing Solutions Group, Inc.

Premium INCL

Insurance Company Guarantee Insurance Company

Countersigned by _____

WC 00 04 19
(Ed. 1-01)

EMPLOYEE LEASING CLIENT ENDORSEMENT

This endorsement applies only to the insurance provided by the policy when you enter into a contract or have an existing contract or contracts to lease workers to others. Part Six (Conditions) is changed by adding these conditions. Each entity to which you lease workers is called the Client. You must provide us the following information in writing for each Client within 30 days of the effective date of the leasing contract:

1. Contract effective date and term.
2. Client's name.
3. Client's Federal Employer Identification Number.
4. Client's mailing address.
5. Number of workers you leased to your Client, description of duties of each, and work location of each.

Your Clients are obligated to maintain workers compensation coverage for their direct and leased employees. You must submit to us a certificate of insurance from your Client's insurer or other proof that the Client has lawfully secured its workers compensation obligations for the leased workers. If you do not submit the certificate of insurance or other proof, you must pay premium for the leased employees. If your Client has not obtained the lawful coverage, we may cancel the policy as provided in Part Six (Conditions), Section D. Cancellation, of the policy.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective 06/30/2015

Policy No. WCP500069701GIC

Endorsement No.

Insured CountryWide Staffing Solutions Group, Inc.

Premium INCL

Insurance Company Guarantee Insurance Company

Countersigned by _____

WC 00 03 19
(Ed. 4-91)

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VIRGINIA CONTRACTING CLASSIFICATION PREMIUM ADJUSTMENT ENDORSEMENT

The premium for the policy may be adjusted by a Virginia Contracting Classification Premium Adjustment factor. The factor was not available when the policy was issued. If you qualify, we will issue an endorsement to show the premium adjustment factor after it is calculated.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective 06/30/2015

Policy No. WCP500069701GIC

Endorsement No. _____

Insured CountryWide Staffing Solutions Group, Inc.

Premium INCL

Insurance Company Guarantee Insurance Company

Countersigned by _____

WC 45 06 04
(Ed. 1-97)

KENTUCKY NOTICE OF APPEAL RIGHTS ENDORSEMENT

This endorsement applies only to the insurance provided by the policy because Kentucky is shown in Item 3.A. of the Information Page.

NOTICE OF YOUR RIGHTS

If you believe that the rates or the rating system under this policy have been incorrectly or improperly applied, you may request a review of the manner in which the rate or rating system has been applied. You must make your request in writing to us or the National Council on Compensation Insurance, Inc. (NCCI). We or NCCI has thirty (30) days to grant or reject your request for a review and to notify you in writing whether your request has been granted or rejected. If your request is granted, we or NCCI shall conduct the review within ninety (90) days of receiving your request. If your request is rejected or if you are dissatisfied with the results of the review, you may appeal to the commissioner for further review. You must make your appeal within thirty (30) days of receipt of the rejection or of the results of your review. Your appeal is to be sent to:

Legal Division
Department of Insurance
P. O. Box 517
Frankfort, KY 40602

Your request for an appeal should include a statement of the facts and how the rates or rating system were incorrectly or improperly applied. Also, enclose copies of the results of the review and any other correspondence from us or NCCI. If your appeal shows good cause, the commissioner shall hold a hearing. The commissioner may, after the hearing, issue a final order affirming, modifying or reversing our or NCCI's action.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective 06/30/2015

Policy No. WCP500069701GIC

Endorsement No.

Insured CountryWide Staffing Solutions Group, Inc.

Premium \$ 3,141,165.00

Insurance Company Guarantee Insurance Company

Countersigned by _____

WC 16 06 02
(Ed. 10-99)

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KENTUCKY CANCELATION AND NONRENEWAL ENDORSEMENT

This endorsement applies only to the insurance provided by the policy because Kentucky is shown in Item 3.A. of the Information Page.

The Cancellation Condition of the policy is replaced by the following:

Cancellation

1. You may cancel this policy. You will deliver or mail advance written notice to us, stating when the cancellation is to take effect.
2. We may cancel this policy. We will deliver or mail to you not less than 75 days advance written notice stating when the cancellation is to take effect and our reason or reasons for cancellation. If we cancel for nonpayment of premium or within 60 days of the date of issuance of the policy, we will deliver or mail this notice not less than 14 days prior to the effective date of cancellation. Proof of mailing of this notice to you at your mailing address shown in Item 1 of the Information Page will be sufficient to prove notice.
3. After coverage has been in effect more than 60 days or after the effective date of a renewal policy, we may not cancel the policy unless cancellation is based on one or more of the following reasons:
 - a. nonpayment of premium;
 - b. discovery of fraud or material misrepresentation made by you or with your knowledge in obtaining the policy, continuing the policy, or presenting a claim under the policy;
 - c. discovery of willful or reckless acts or omissions on your part increasing any hazard originally insured;
 - d. changes in conditions after the effective date of the policy or any renewal substantially increasing any hazard originally insured;
 - e. a violation of any local fire, health, safety, building, or construction regulation or ordinance at any of your covered workplaces substantially increasing any hazard originally insured;
 - f. our involuntary loss of reinsurance for the policy;
 - g. a determination by the commissioner that the continuation of the policy would place us in violation of Kentucky insurance laws.

Nonrenewal

1. We may elect not to renew the policy. We will deliver or mail to you not less than 75 days advance written notice stating our intention not to renew and our reason or reasons for nonrenewal. Proof of mailing of this notice to you at your mailing address shown in Item 1 of the Information Page will be sufficient to prove notice.
2. If we fail to provide the notice of nonrenewal as required, the policy will be deemed to be renewed for the ensuing policy period upon payment of the appropriate premium, and coverage will continue until you have accepted replacement coverage with another insurer, until you have agreed to the nonrenewal, or until the policy is canceled.
3. If we have delivered or mailed to you a renewal notice, bill, certificate, or policy not less than 30 days before the end of the current policy period clearly stating the amount and due date of the renewal premium charge, then the policy will terminate on the due date without further notice unless the renewal premium is received by us or our agent on or before the due date. If the policy terminates in this manner, we will deliver or mail to you within 15 days of

WC 16 06 01

(Ed. 12-97)

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termination at your mailing address shown in Item 1 of the Information Page a notice that the policy was not renewed and the date on which coverage ceased to exist. Proof of mailing of the renewal premium to us or our agent on or before the due date will constitute a presumption of receipt on or before the due date.

4. If we offer to renew the policy for a premium amount more than 25% greater than the premium amount for the current policy term for like coverage and like risks, we will deliver or mail to you and to your agent not less than 75 days advance written notice of the renewal premium amount. We may at our option, in order to comply with this requirement, extend the period of coverage of the current policy at the expiring premium.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective 06/30/2015	Policy No. WCP500069701GIC	Endorsement No.
Insured CountryWide Staffing Solutions Group, Inc.		Premium \$ 3,141,165.00
Insurance Company Guarantee Insurance Company		Countersigned by _____

WC 16 06 01

(Ed. 12-97)

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FLORIDA EMPLOYERS LIABILITY COVERAGE ENDORSEMENT

C. Exclusion 5, Section C. of Part Two of the policy, is replaced by following:

This insurance does not cover

5. bodily injury intentionally caused or aggravated by you or which is the result of your engaging in conduct equivalent to an intentional tort, however defined, or other tortious conduct, such that you lose your immunity from civil liability under the workers compensation laws.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective 06/30/2015 Policy No. WCP500069701GIC
Insured CountryWide Staffing Solutions Group, Inc.

Endorsement No.
Premium INCL

Insurance Company Guarantee Insurance Company

Countersigned by _____

WC 09 03 03
(Ed. 8-05)

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FLORIDA CONTRACTING CLASSIFICATION PREMIUM ADJUSTMENT ENDORSEMENT

The premium for the policy may be adjusted by a Florida Contracting Classification Premium Adjustment factor. The factor was not available when the policy was issued. If you qualify, we will issue an endorsement to show the premium adjustment factor after it is calculated.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective 06/30/2015 Policy No. WCP500069701GIC

Endorsement No.

Insured CountryWide Staffing Solutions Group, Inc.

Premium INCL

Insurance Company Guarantee Insurance Company

Countersigned by: _____

WC 09 04 01

(Ed. 6-87)

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FLORIDA EMPLOYMENT AND WAGE INFORMATION RELEASE ENDORSEMENT

This policy requires you to release certain employment and wage information maintained by the State of Florida pursuant to federal and state unemployment compensation laws except to the extent prohibited or limited under federal law. By entering into this policy, you consent to the release of the information.

We will safeguard the information and maintain its confidentiality. We will limit use of the information to verifying compliance with the terms of the policy.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective 06/30/2015 Policy No. WCP500069701GIC
Insured CountryWide Staffing Solutions Group, Inc.

Endorsement No.
Premium INCL

Insurance Company Guarantee Insurance Company

Countersigned by _____

WC 09 06 06
(Ed. 10-98)

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FLORIDA EXPERIENCE RATING MODIFICATION FACTOR ENDORSEMENT

This endorsement applies only to the insurance provided by the policy because Florida is shown in Item 3.A. of the Information Page.

- A. The premium for the policy will be adjusted by an experience rating modification factor. The factor was not available when the policy was issued. The factor, if any, shown on the Information Page is an estimate. We will issue an endorsement to show the proper factor, if different from the factor shown, when it is calculated.
- B. If the factor is an increase over that shown on the Information Page, it will apply as of the policy effective date; or if the anniversary rating date is different from the policy effective date it will apply as of the anniversary rating date. Your premium will be calculated:
1. Retroactively to the effective date of the policy or to the anniversary rating date if the adjustment is within the first 90 days of the policy period or the anniversary rating date;
 2. On a pro rata basis from the date we endorsed the policy if the adjustment is more than 90 days after the effective date of the policy or the anniversary rating date.

The adjustment will be retroactive to the effective date of the policy period or to the anniversary rating date when:

- a. The change in experience modification is the result of a revision in your classifications;
 - b. The delay in the calculation of the experience modification is due to your failure to make available all your records for examination and audit as provided in Part Five-G (Audit) of the policy.
- C. If the factor is a decrease from that shown on the Information Page, it will apply retroactively to the policy effective date or the anniversary rating date if different from the policy effective date.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective 06/30/2015

Policy No. WCP500069701GIC

Endorsement No.

Insured CountryWide Staffing Solutions Group, Inc.

Premium INCL

Insurance Company Guarantee Insurance Company

Countersigned by _____

WC 09 04 02

(Ed. 10-88)

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VIRGINIA AMENDATORY ENDORSEMENT

This endorsement applies only to the Virginia insurance provided by the policy because Virginia is shown in Item 3.A. of the Information Page.

For Virginia insurance, Part Six D., (Conditions—Cancellation) is replaced by:

1. You may cancel this policy. You must mail or deliver advance written notice to us. You must provide written notice of your cancellation, including the date of and reasons for the cancellation, to the Workers Compensation Commission.
2. We may cancel this policy. We will provide you with 30 days notice of cancellation. We will provide the Workers Compensation Commission with immediate notice of such cancellation. This provision does not apply if you have obtained other insurance and that insurer has notified the Workers Compensation Commission that it is now providing your insurance.
3. In the event of cancellation by you or us, you must provide 30 days written notice of the cancellation to your covered employees.
4. We may nonrenew your policy. We will provide 30 days notice to you and to the Workers Compensation Commission of our decision to nonrenew. This provision does not apply if you have obtained other insurance and that insurer has notified the Workers Compensation Commission that it is now providing your insurance.
5. If you fail to pay the premium due on this policy, we may cancel the policy by providing 10 days notice to you and to the Workers Compensation Commission.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective 06/30/2015 Policy No. WCP500069701GIC
Insured CountryWide Staffing Solutions Group, Inc.
Insurance Company Guarantee Insurance Company

Endorsement No.
Premium INCL

Countersigned by _____

WC 45 06 02
(Ed. 7-93)

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WEST VIRGINIA EMPLOYERS LIABILITY INSURANCE INTENTIONAL ACT EXCLUSION ENDORSEMENT

Part Two—Employers Liability Insurance, C.—Exclusions, 5. is replaced by the following:

This insurance does not cover:

5. bodily injury intentionally caused or aggravated by you or which is the result of your engaging in conduct equivalent to an intentional tort, however defined, including by your deliberate intention as that term is defined by W. Va. Code § 23-4-2(d)(2).

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective 06/30/2015

Policy No. WCP500069701GIC

Endorsement No.

Insured CountryWide Staffing Solutions Group, Inc.

Premium \$ 3,141,165.00

Insurance Company Guarantee Insurance Company

Countersigned by _____

WC 47 03 01 A

(Ed. 7-08)

PREMIUM DISCOUNT ENDORSEMENT

The premium for this policy and the policies, if any, listed in Item 3 of the Schedule may be eligible for a discount. This endorsement shows your estimated discount in Items 1 or 2 of the Schedule. The final calculation of premium discount will be determined by our manuals and your premium basis as determined by audit. Premium subject to retrospective rating is not subject to premium discount.

Schedule

1. State	Estimated Eligible Premium			Balance
	First \$ 0.00	Next \$ 0.00	Next \$ 0.00	
2. Average percentage discount: <u>0.69</u> %				
3. Other policies:				
4. If there are no entries in Items 1, 2 and 3 of the Schedule, see the Premium Discount Endorsement attached to your policy number:				

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective 06/30/2015

Policy No. WCP500069701GIC

Endorsement No.

Insured CountryWide Staffing Solutions Group, Inc.

Premium INCL

Insurance Company Guarantee Insurance Company

Countersigned by _____

WC 00 04 06 A
(Ed. 7-95)

**WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE
LARGE DEDUCTIBLE ENDORSEMENT
ALAE INCLUDED IN DEDUCTIBLE LIMIT**

This Endorsement applies solely between you and us. It does not affect the rights of others.
The Workers Compensation And Employers Liability Policy to which this endorsement is attached is changed as follows.

I. Payment and Reimbursement Conditions

A. We will pay:

1. all benefits and costs payable under PART ONE WORKERS COMPENSATION INSURANCE; and
2. up to our limit of liability, all sums you legally must pay as damages and other costs to which PART TWO - EMPLOYERS LIABILITY applies; and
3. all benefits and costs payable under PART THREE - OTHER STATES INSURANCE; and
4. all benefits or damages and costs payable under any endorsements attached to the policy.

B. You will reimburse us promptly up to the applicable Deductible Limit shown in the Schedule for any amounts we have so paid.

C. You will further reimburse us promptly for the following

1. any "Allocated Loss Adjusting Expense" we pay, up to the amount by which the applicable Deductible Limit exceeds the amount you must reimburse us for benefits or damages we pay. Your obligation to reimburse us for "Allocated Loss Adjusting Expense" applies separately to "each accident" or, for bodily injury by disease, to each employee.
2. Claim Handling Expense is not subject to the Deductible Limit.

D. Deductible - Each Accident Limit
The Deductible Limit - Each Accident stated in Item 1. of the Schedule is the most you must reimburse us for indemnity and medical benefits, damages and "Allocated Loss Adjusting Expense" combined for bodily injury by disease. Bodily Injury includes resulting death.

E. Aggregate Deductible Limit: Your Deductible Limit may be subject to an "Aggregate Deductible Limit". If no "Aggregate Deductible Limit" is shown in Item 2. of the Schedule, no "Aggregate Deductible Limit" applies.

1. The "Aggregate Deductible Limit" (if any) shown in the Schedule is an estimate. Subject to items 2 and 3 below, the final "Aggregate Deductible Limit" will be determined after this policy ends by using the actual, not the estimated "Aggregate Deductible Limit" Basis and the rate shown in the Schedule.

2. The final "Aggregate Deductible Limit" will not be reduced if this policy is issued for a term of less than

one year, or if this policy is canceled by you before the end of the policy period for any reason except your retirement from business.

3. The minimum aggregate cannot be less than the "Standard Premium".

F. No limit on the Company's liability under the policy or any endorsement is increased or reinstated by this endorsement or by any reimbursement to us under the terms of this endorsement.

G. This endorsement does not apply to any claim, accident or disease resulting from the occurrence of an event determined by the U.S. Secretary of the Treasury or any succeeding Authority having jurisdiction, to be a Certified Act of Terrorism.

Charges for Certified Acts of Terrorism are not subject to the Large Deductible discount.

II. General Conditions

A. Duties

1. The first Named Insured shown in the Information Page agrees and is authorized to reimburse us for any reimbursable amounts we pay on behalf of any Insured, and to deliver to us the collateral described in Section B below.

2. Each Named Insured is jointly and severally liable for all reimbursable amounts under this policy.

3. All other terms of the policy, including those under PART FOUR of the policy ("YOUR DUTIES IF INJURY OCCURS") and those which apply to our right and duty to defend any claim, proceeding or suit against you, and our duties if injury or disease occurs, apply without change on account of this endorsement.

B. Payment of Reimbursable Amounts and Delivery of Collateral

1. You must reimburse us upon receipt of an invoice from us up to the applicable Deductible Limit for the amounts that we pay as benefits or damages and for your share of the "Allocated Loss Adjusting Expense".

**WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE
LARGE DEDUCTIBLE ENDORSEMENT
ALAE INCLUDED IN DEDUCTIBLE LIMIT**

2. Collateral is required. You must deliver to us acceptable collateral prior to policy issuance. We will have a possessory security interest in any property you deliver to us to secure such obligations.

If at any time we find that we require increased collateral, you will provide us such an increase upon written notice by us to you.

3. If you fail to reimburse as required by this endorsement or if you fail to provide security in a form and amount acceptable to us we will, at our option, cancel this policy.

C. Recovery from others

We have your rights and the rights of persons entitled to the benefits of this insurance to recover all payments, including those within your reimbursement limit, from anyone liable for the injury. You will do everything necessary to protect those rights for us and to help us enforce them. If we recover any payment we made under this policy from anyone liable for the injury, the amount we recover will first be applied to any payments we made as benefits, damages and "Allocated Loss Adjusting Expenses" in excess of your reimbursement obligations, and to our expenses in obtaining the recovery. The remainder of the recovery, if any, will be applied to reduce the amount that is reimbursable by you.

**D. Effect of Deductible on Employers
Limits of Liability**

The applicable limits of liability as respects Part Two (Employers Liability Insurance) are subject to reduction by the application of the Deductible amount(s) that apply to any claim or accident or disease covered by this policy. In the event of a claim, our obligation to pay is the amount available for benefits or damages that remains after the application of the specific Deductible amount. The payment of "Allocated Loss Adjusting Expense", will not affect the limits of liability

III. Definitions

A. "Aggregate Deductible Limit" means the most you must reimburse us for all benefits and damages and including "Allocated Loss Adjusting Expenses" that we pay under this policy. Claims Handling Expense is not subject to the "Aggregate Deductible Limit".

B. "Allocated Loss Adjusting Expense" (ALAE) encompasses the following costs of a carrier that can be a directly allocated to a particular claim. Such expenses shall include, but not be limited to:

1. Fees of attorneys or other authorized representatives where permitted for legal services, whether by outside vendors or staff representatives;
2. Court, Alternate Dispute Resolution and other specific items of expense;
3. Medical cost containment expenses incurred with respect to a particular claim, whether by an outside vendor or done internally by a staff representative for the purpose of controlling losses, to ensure that only reasonable and necessary costs of services are paid;
4. Expenses that are not defined as losses and are directly related to and directly allocated to the handling of a particular claim for services that are required to be performed by statute or regulation.

C. "Claim" means each demand you receive for:

1. benefits required of you by the Workers' Compensation law, including a filing by your employee or by others legally entitled to do so on his or her behalf for such benefits with an agency authorized by law, and suit or other proceedings brought by your employee for such benefits or damages; or
2. damages covered by this policy.

D. "Standard Premium", if used as the Aggregate Limit Basis, means the premium for the policies described in the Schedule to which the "Aggregate Deductible Limit" applies, determined on the basis of authorized rates and bases of premium, applicable experience modification, and applicable schedule modification where such elements are approved for use. Standard Premium does not include the following items: Expense Constant; Premium Discount; any Surcharge; Credit or Discount for any Loss Reimbursement or Deductible Program; Retrospective Rating premium adjustment; or any other item where such elements are not approved for use.

**WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE
LARGE DEDUCTIBLE ENDORSEMENT
ALAE INCLUDED IN DEDUCTIBLE LIMIT**

SCHEDULE

1.	Deductible Limit	\$ 500,000.00 Bodily Injury each Accident or Bodily Injury by Disease. Bodily Injury includes resulting death.

2.	Aggregate Deductible Limit <i>This Limit cannot be less than the "Standard Premium". (If no entry, this option does not apply)</i>	This is currently not available.
	Aggregate Limit Adjustment Basis <i>(Rate entry indicates which base applies)</i>	Rate
a.	Standard Premium	~~This is currently not available.~~ % of Standard Premium
b.	Manual Premium	~~This is currently not available.~~ % of Manual Premium
c.	Payroll	~~This is currently not available.~~ per \$100 of payroll

3.	Claims Handling Expense Options <i>(If no entry, this option does not apply)</i>	Charge
a.	Reimbursed by you as a percentage charge for each Claim.	~~This is currently not available.~~ % charge per "Claim"
b.	Reimbursed by you as a charge for each "Claim".	~~This is currently not available.~~ charge per "Claim"
c.	Reimbursed by you as a flat charge for the policy	~~This is currently not available.~~ policy flat charge

IDAHO COMPENSATION REIMBURSEMENT OPTION ENDORSEMENT

This endorsement applies only to the insurance provided by the policy because Idaho is shown in Item 3.A. of the Information Page.

You have the option to reimburse us for benefits we pay in amounts up to \$1,000 per claim, subject to the following conditions:

1. We will pay all benefits of a compensable claim to the person or provider entitled to benefits regardless of your option to reimburse us for the claim. We may not delay payment of benefits due to your decision to reimburse us for the claim.
2. The making of such reimbursement does not constitute a waiver or transfer of our duty to determine entitlement to benefits.
3. In the event we recover any medical costs on a claim reimbursed pursuant to your option, we will repay you within 30 days an amount equal to recovered medical costs.
4. The claim to which a reimbursement by you applies may not exceed \$1,000 over the life of the claim. Should a claim exceed the \$1,000 limit after you have reimbursed a portion of the claim, we will notify you and return the reimbursement and adjust all reports accordingly within thirty (30) days.
5. You must report all accidents, injuries and losses to us regardless of your intent to reimburse us.
6. We will record and report all losses for the purpose of setting industry rates, but claims reimbursed pursuant to your option will not be reported for the purpose of determining your experience rating, and we will not otherwise increase your experience rating or otherwise make charges against you for any compensation reimbursed pursuant to your option.
7. Your current premium will not be reduced as a result of a reimbursed claim.
8. If you elect to exercise your reimbursement option, the procedure for reimbursement will be as follows:
 - a. Within 30 days following each three-month period after policy inception or a period mutually agreed upon by you and us, we will provide you with a list of all accepted nondisabling claims for which payments were made during that period and the respective cost of each claim.
 - b. No later than 30 days after receipt of the list, you must identify the claims and the dollar amount you elect to reimburse for that period, and you must reimburse us accordingly.
 - c. Your failure to reimburse us within the 30 days allowed will be deemed as notice to us that you have not elected to make any reimbursement for that period.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective 06/30/2015

Policy No. WCP500069701GIC

Endorsement No.

Insured CountryWide Staffing Solutions Group, Inc.

Premium \$ 3,141,165.00

Insurance Company Guarantee Insurance Company

Countersigned by _____

WC 11 06 01
(Ed. 7-99)

GUARANTEE INSURANCE COMPANY

EMPLOYEE LEASING COMPANY ENDORSEMENT

This endorsement applies only with respect to bodily injury to your leased employees in the state named in Item 2 of the Schedule when provided by an employee leasing company named in Item 1 of the Schedule. This endorsement does not apply with respect to bodily injury to workers provided to you on a temporary basis.

Certain words and phrases in this endorsement are defined as follows:

Employee leasing company means the entity furnishing some or all of the workers to another entity.

Client means the entity using the services of an employee leasing company to obtain some or all of its workers.

Temporary worker means a worker who is furnished to an entity to substitute for a permanent employee on leave or to meet seasonal or short-term workload conditions.

Part One (Workers Compensation Insurance) and Part Two (Employers Liability Insurance) will apply as though the employee leasing company is an insured. If an entry is shown in Item 3 of the Schedule, the insurance afforded by this endorsement applies only to work you perform under the contract or at the project named in the Schedule.

Under Part One we will reimburse the employee leasing company named in the Schedule for the benefits required by the Workers Compensation law if we are not permitted to pay the benefits directly to the persons entitled to them.

The insurance afforded by this endorsement is not intended to satisfy the employee leasing company's duty to secure its obligations under the Workers Compensation law. We will not file evidence of this insurance on behalf of the employee leasing company with any government agency.

We will not ask any other insurer of the employee leasing company to share with us a loss covered by this endorsement.

Premium will be charged for your leased employees while provided by the employee leasing company. You must obtain from the employee leasing company and furnish to us a complete payroll record of your leased employees provided by the employee leasing company to satisfy your obligations under Part Five (Premium), C.2.

The policy may be canceled according to its terms or for violation of rules applicable to employee leasing operations provided that the employee leasing company has been provided a reasonable opportunity to cure the violation. If the policy is canceled, we will send notice of the cancellation to the employee leasing company.

Part Four (Your Duties If Injury Occurs) applies to you and the employee leasing company. The employee leasing company will recognize our right to defend under Parts One and Two and our right to inspect under Part Six (Conditions).

**GUARANTEE INSURANCE COMPANY
EMPLOYEE LEASING COMPANY ENDORSEMENT**

Schedule

1. <u>Employee Leasing Company</u>	<u>Address</u>
CountryWide Staffing Solutions Group, Inc.	707 Mendham Boulevard, Suite 201 Orlando, FL, 32825
2. <u>State Where Work Performed</u> AL, DE, FL, GA, ID, IN, KY, ME, MD, MI, MS, MO, NC, OR, SC, TN, TX, VA, WV	
3. <u>Contract or Project</u>	

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.
(The information below is required only when this endorsement is issued subsequent to preparation of the policy)

Endorsement Effective: 06/30/2015

Policy No.: WCP500069701GIC

Endorsement No.:

Carrier No.: 20850

Premium: INCL

Insured: CountryWide Staffing Solutions Group, Inc.

Insurance Company: Guarantee Insurance Company

Countersigned by: _____

WC 99 06 02MO
(Ed. 1-07)

Page 2 of 2

OREGON UNSAFE EQUIPMENT EXCLUSION ENDORSEMENT

Part Two (Employers Liability Insurance) does not cover bodily injury arising out of your failure to comply with a notice posted pursuant to ORS 654.082 of the Oregon Safe Employment Act or any amendment to that Act.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective 06/30/2015	Policy No. WCP500069701GIC	Endorsement No.
Insured CountryWide Staffing Solutions Group, Inc.		Premium \$ 3,141,165.00
Insurance Company Guarantee Insurance Company	Countersigned by _____	

WC 36 03 01

(Ed. 4-84)

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Michigan Policy Forms Notice

This policy is exempt from the filing requirements of section 2236 of the Insurance code of 1956, 1956 PA 218, MCL 500.2236.

PN WC 21 02
(Ed. 01 13)

OREGON ACCIDENT PREVENTION SERVICES NOTICE

As a policyholder, certain accident prevention services are available to you at no additional cost. These services include, but are not limited to:

- Analysis of Accident Causes
- Industrial Health Services
- Industrial Hygiene Services
- Recommendations
- Surveys
- Training Programs

If you would like more information, you may:

- Email Client Services with your questions at ClientServices@pnig.com. Please include your company's name, address, policy number and the details of your request.
- Phone Toll-Free at (877) 886-4334. Please have your company's name, address, policy number and the details of your request available to improve our service to you during the call.

MISSISSIPPI ACCIDENT PREVENTION SERVICES NOTICE

Mississippi Department of Insurance Regulation 2011-1 requires insurance companies writing workers compensation insurance in Mississippi to notify policyholders that materials for developing a Safety Program are available at your request.

These materials include:

- A sample Safety Program that may be used as a guideline to tailor and implement a program for your operations.
- A sample Drug-Free Workplace Policy that may be used as a guideline to tailor and implement a program for your operations.

You may implement and maintain a written policy for drug and alcohol testing in the workplace that complies with the requirements of Mississippi Code Ann. § 71-7-1 et seq. and the rules and regulations for drug and alcohol testing of employees and applicants promulgated by the Mississippi State Board of Health. Your election to conduct drug and alcohol testing is voluntary.

You may request these materials by:

- Email Client Services with your questions at ClientServices@pnfa.com
Please include your company's name, address, policy number and the details of your request.
- Phone Toll-Free at (877) 886-4334.
Please have your company's name, address, policy number and the details of your request available to improve our service to you during the call.

**WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE
LARGE DEDUCTIBLE ENDORSEMENT
ALAE INCLUDED IN DEDUCTIBLE LIMIT - IDAHO**

This Endorsement applies solely between you and us. It does not affect the rights of others.
The Workers Compensation And Employers Liability Policy to which this endorsement is attached is changed as follows.

I. Payment and Reimbursement Conditions

A. We will pay:

1. all benefits and costs payable under PART ONE WORKERS COMPENSATION INSURANCE; and
2. up to our limit of liability, all sums you legally must pay as damages and other costs to which PART TWO - EMPLOYERS LIABILITY applies; and
3. all benefits and costs payable under PART THREE - OTHER STATES INSURANCE; and
4. all benefits or damages and costs payable under any endorsements attached to the policy.

B. You will reimburse us promptly up to the applicable Deductible Limit shown in the Schedule for any amounts we have so paid.

C. You will further reimburse us promptly for the following

1. any "Allocated Loss Adjusting Expense" we pay, up to the amount by which the applicable Deductible Limit exceeds the amount you must reimburse us for benefits or damages we pay. Your obligation to reimburse us for "Allocated Loss Adjusting Expense" applies separately to "each accident" or, for bodily injury by disease, to each employee.

2. Claim Handling Expense is not subject to the Deductible Limit.

D. Deductible - Each Accident Limit

The Deductible Limit - Each Accident stated in Item 1. of the Schedule is the most you must reimburse us for indemnity and medical benefits, damages and "Allocated Loss Adjusting Expense" combined for bodily injury by disease. Bodily Injury includes resulting death.

E. Aggregate Deductible Limit: Your Deductible Limit may be subject to an "Aggregate Deductible Limit". If no "Aggregate Deductible Limit" is shown in Item 2. of the Schedule, no "Aggregate Deductible Limit" applies.

1. The "Aggregate Deductible Limit" (if any) shown in the Schedule is an estimate. Subject to items 2 and 3 below, the final "Aggregate Deductible Limit" will be determined after this policy ends by using the actual, not the estimated "Aggregate Deductible Limit" Basis and the rate shown in the Schedule.

2. The final "Aggregate Deductible Limit" will not be reduced if this policy is issued for a term of less than one year, or if this policy is canceled by you before the

end of the policy period for any reason except your retirement from business.

3. The minimum aggregate cannot be less than the "Manual Premium".

F. No limit on the Company's liability under the policy or any endorsement is increased or reinstated by this endorsement or by any reimbursement to us under the terms of this endorsement.

G. This endorsement does not apply to any claim, accident or disease resulting from the occurrence of an event determined by the U.S. Secretary of the Treasury or any succeeding Authority having jurisdiction, to be a Certified Act of Terrorism.

Charges for Certified Acts of Terrorism are not subject to the Large Deductible discount.

II. General Conditions

A. Duties

1. The first Named Insured shown in the Information Page agrees and is authorized to reimburse us for any reimbursable amounts we pay on behalf of any Insured, and to deliver to us the collateral described in Section B below.

2. Each Named Insured is jointly and severally liable for all reimbursable amounts under this policy.

3. All other terms of the policy, including those under PART FOUR of the policy ("YOUR DUTIES IF INJURY OCCURS") and those which apply to our right and duty to defend any claim, proceeding or suit against you, and our duties if injury or disease occurs, apply without change on account of this endorsement.

B. Payment of Reimbursable Amounts and Delivery of Collateral

1. You must reimburse us upon receipt of an invoice from us up to the applicable Deductible Limit for the amounts that we pay as benefits or damages and for your share of the "Allocated Loss Adjusting Expense".

2. Collateral is required. You must deliver to us acceptable collateral prior to policy issuance. We will have a possessory security interest in any property you deliver to us to secure such obligations.

**WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE
LARGE DEDUCTIBLE ENDORSEMENT
ALAE INCLUDED IN DEDUCTIBLE LIMIT - IDAHO**

If at any time we find that we require increased collateral, you will provide us such an increase upon written notice by us to you.

3. If you fail to reimburse as required by this endorsement or if you fail to provide security in a form and amount acceptable to us we will, at our option, cancel this policy according to state cancellation laws.

C. Recovery from others

We have your rights and the rights of persons entitled to the benefits of this insurance to recover all payments, including those within your reimbursement limit, from anyone liable for the injury. You will do everything necessary to protect those rights for us and to help us enforce them. If we recover any payment we made under this policy from anyone liable for the injury, the amount we recover will first be applied to any payments we made as benefits, damages and "Allocated Loss Adjusting Expenses" in excess of your reimbursement obligations, and to our expenses in obtaining the recovery. The remainder of the recovery, if any, will be applied to reduce the amount that is reimbursable by you.

**D. Effect of Deductible on Employers
Limits of Liability**

The applicable limits of liability as respects Part Two (Employers Liability Insurance) are subject to reduction by the application of the Deductible amount(s) that apply to any claim or accident or disease covered by this policy. In the event of a claim, our obligation to pay is the amount available for benefits or damages that remains after the application of the specific Deductible amount. The payment of "Allocated Loss Adjusting Expense", will not affect the limits of liability.

III. Definitions

- A. "Aggregate Deductible Limit" means the most you must reimburse us for all benefits and damages and including "Allocated Loss Adjusting Expenses" that we pay under this policy.

Claims Handling Expense is not subject to the "Aggregate Deductible Limit".

- B. "Allocated Loss Adjusting Expense" (ALAE) encompasses the following costs of a carrier that can be a directly allocated to a particular claim. Such expenses shall include, but not be limited to:

1. Fees of attorneys or other authorized representatives where permitted for legal services, whether by outside vendors or staff representatives;
2. Court, Alternate Dispute Resolution and other specific items of expense;
3. Medical cost containment expenses incurred with respect to a particular claim, whether by an outside vendor or done internally by a staff representative for the purpose of controlling losses, to ensure that only reasonable and necessary costs of services are paid;
4. Expenses that are not defined as losses and are directly related to and directly allocated to the handling of a particular claim for services that are required to be performed by statute or regulation.

- C. "Claim" means each demand you receive for:

1. benefits required of you by the Workers' Compensation law, including a filing by your employee or by others legally entitled to do so on his or her behalf for such benefits with an agency authorized by law, and suit or other proceedings brought by your employee for such benefits or damages; or
2. damages covered by this policy.

- D. "Manual Premium", if used as the Aggregate Limit Basis, means the premium for the policies described in the Schedule to which the "Aggregate Deductible Limit" applies, determined on the basis of authorized rates and bases of premium, as such elements are approved for use.

**WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE
LARGE DEDUCTIBLE ENDORSEMENT
ALAE INCLUDED IN DEDUCTIBLE LIMIT - IDAHO**

SCHEDULE

1.	Deductible Limit	\$ 500,000.00 Bodily Injury each Accident or Bodily Injury by Disease. Bodily Injury includes resulting death.

2.	Aggregate Deductible Limit <i>This Limit cannot be less than the "Manual Premium". (If no entry, this option does not apply)</i>	This is currently not available.
	Aggregate Limit Adjustment Basis <i>(Rate entry indicates which base applies)</i>	Rate
a.	Manual Premium	~~This is currently not available.~~ % of Manual Premium
b.	Payroll	~~This is currently not available.~~ per \$100 of payroll

3.	Claims Handling Expense Options <i>(If no entry, this option does not apply)</i>	Charge
a.	Reimbursed by you as a percentage charge for each Claim.	~~This is currently not available.~~ % charge per "Claim"
b.	Reimbursed by you as a charge for each "Claim".	~~This is currently not available.~~ charge per "Claim"
c.	Reimbursed by you as a flat charge for the policy	~~This is currently not available.~~ policy flat charge

**WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE
LARGE DEDUCTIBLE ENDORSEMENT
ALAE INCLUDED IN DEDUCTIBLE LIMIT - OREGON**

This Endorsement applies solely between you and us. It does not affect the rights of others.
The Workers Compensation And Employers Liability Policy to which this endorsement is attached is changed as follows.

I. Payment and Reimbursement Conditions

A. We will pay:

1. all benefits and costs payable under PART ONE WORKERS COMPENSATION INSURANCE; and
2. up to our limit of liability, all sums you legally must pay as damages and other costs to which PART TWO - EMPLOYERS LIABILITY applies; and
3. all benefits and costs payable under PART THREE - OTHER STATES INSURANCE; and
4. all benefits or damages and costs payable under any endorsements attached to the policy.

B. You will reimburse us promptly up to the applicable Deductible Limit shown in the Schedule for any amounts we have so paid.

C. You will further reimburse us promptly for the following

1. any "Allocated Loss Adjusting Expense" we pay, up to the amount by which the applicable Deductible Limit exceeds the amount you must reimburse us for benefits or damages we pay. Your obligation to reimburse us for "Allocated Loss Adjusting Expense" applies separately to "each accident" or, for bodily injury by disease, to each employee;
2. Claim Handling Expense is not subject to the Deductible Limit.

D. Deductible - Each Accident Limit
The Deductible Limit - Each Accident stated in Item 1, of the Schedule is the most you must reimburse us for indemnity and medical benefits, damages and "Allocated Loss Adjusting Expense" combined for bodily injury by disease. Bodily Injury includes resulting death.

E. Aggregate Deductible Limit: Your Deductible Limit may be subject to an "Aggregate Deductible Limit". If no "Aggregate Deductible Limit" is shown in Item 2, of the Schedule, no "Aggregate Deductible Limit" applies.

1. The "Aggregate Deductible Limit" (if any) shown in the Schedule is an estimate. Subject to items 2 and 3 below, the final "Aggregate Deductible Limit" will be determined after this policy ends by using the actual, not the estimated "Aggregate Deductible Limit" Basis and the rate shown in the Schedule.
2. The final "Aggregate Deductible Limit" will not be reduced if this policy is issued for a term of less than one year, or if this policy is canceled by you before the

end of the policy period for any reason except your retirement from business.

3. The minimum aggregate cannot be less than the "Standard Premium".

F. No limit on the Company's liability under the policy or any endorsement is increased or reinstated by this endorsement or by any reimbursement to us under the terms of this endorsement.

G. This endorsement does not apply to any claim, accident or disease resulting from the occurrence of an event determined by the U.S. Secretary of the Treasury or any succeeding Authority having jurisdiction, to be a Certified Act of Terrorism.

Charges for Certified Acts of Terrorism are not subject to the Large Deductible discount.

II. General Conditions

A. Duties

1. The first Named Insured shown in the Information Page agrees and is authorized to reimburse us for any reimbursable amounts we pay on behalf of any Insured, and to deliver to us the collateral described in Section B below.
2. Each Named Insured is jointly and severally liable for all reimbursable amounts under this policy.
3. All other terms of the policy, including those under PART FOUR of the policy ("YOUR DUTIES IF INJURY OCCURS") and those which apply to our right and duty to defend any claim, proceeding or suit against you, and our duties if injury or disease occurs, apply without change on account of this endorsement.

B. Payment of Reimbursable Amounts and Delivery of Collateral

1. You must reimburse us upon receipt of an invoice from us up to the applicable Deductible Limit for the amounts that we pay as benefits or damages and for your share of the "Allocated Loss Adjusting Expense".
2. Collateral is required. You must deliver to us acceptable collateral prior to policy issuance. We will have a possessory security interest in any property you deliver to us to secure such obligations.

**WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE
LARGE DEDUCTIBLE ENDORSEMENT
ALAE INCLUDED IN DEDUCTIBLE LIMIT - OREGON**

If at any time we find that we require increased collateral, you will provide us such an increase upon written notice by us to you.

3. If you fail to reimburse as required by this endorsement or if you fail to provide security in a form and amount acceptable to us we will, at our option, cancel this policy.

C. Recovery from others

We have your rights and the rights of persons entitled to the benefits of this insurance to recover all payments, including those within your reimbursement limit, from anyone liable for the injury. You will do everything necessary to protect those rights for us and to help us enforce them. If we recover any payment we made under this policy from anyone liable for the injury, the amount we recover will first be applied to any payments we made as benefits, damages and "Allocated Loss Adjusting Expenses" in excess of your reimbursement obligations, and to our expenses in obtaining the recovery. The remainder of the recovery, if any, will be applied to reduce the amount that is reimbursable by you.

**D. Effect of Deductible on Employers
Limits of Liability**

The applicable limits of liability as respects Part Two (Employers Liability Insurance) are subject to reduction by the application of the Deductible amount(s) that apply to any claim or accident or disease covered by this policy. In the event of a claim, our obligation to pay is the amount available for benefits or damages that remains after the application of the specific Deductible amount. The payment of "Allocated Loss Adjusting Expense", will not affect the limits of liability.

E. Claim Reporting Provisions

You must report all workers' compensation insurance claims to us. We retain the responsibility to administer claims and to pay all costs and expenses.

F. Failure to Report

1. We will cancel this deductible endorsement effective not more than ten (10) days following discovery that you have on three occasions within the policy period known of but not reported a worker's compensation insurance claim to us or has on any occasion within the policy period made direct payment of claim costs.
2. At our option we may choose to cancel this endorsement retroactively to the date of the offense with penalties stated in the provision.
3. Failure to report as described in F.1. will also result in cancellation of this policy with 45 days notice pursuant to ORS 656.429

4. When this large deductible endorsement is deleted, the premium for any remaining portion of a policy term will be computed using the rating plans applied by us to the policy prior to deductible credits except that any system of expense gradation applied by us under this rating plan will be used.

G. Policy Assessment

1. The basis for the Workers' Compensation Premium Assessment, ORS 656.612, will be premium earned prior to any premium credits or modifications for the large deductible provision.
2. The basis of any assessments by the Plan Administrator for the Workers' Compensation Insurance Plan specified by OAR 836-043-0001 to 836-043-0090 will be premium earned prior to any premium credits or modifications for the large deductible provision.

H. Final Premium Audit Recalculation

The premium credit percentage and amount for the large deductible will be recalculated after any retrospective premium adjustments for retrospectively rated policies.

I. Loss Control Services

Under this provision, we offer to provide occupational safety and health loss control consultative services as required by ORS 654.097.

**WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE
LARGE DEDUCTIBLE ENDORSEMENT
ALAE INCLUDED IN DEDUCTIBLE LIMIT - OREGON**

III. Definitions

- A. "Aggregate Deductible Limit" means the most you must reimburse us for all benefits and damages and including "Allocated Loss Adjusting Expenses" that we pay under this policy. Claims Handling Expense is not subject to the "Aggregate Deductible Limit".
- B. "Allocated Loss Adjusting Expense" (ALAE) encompasses the following costs of a carrier that can be a directly allocated to a particular claim. Such expenses shall include, but not be limited to:
1. Fees of attorneys or other authorized representatives where permitted for legal services, whether by outside vendors or staff representatives;
 2. Court, Alternate Dispute Resolution and other specific items of expense;
 3. Medical cost containment expenses incurred with respect to a particular claim, whether by an outside vendor or done internally by a staff representative for the purpose of controlling losses, to ensure that only reasonable and necessary costs of services are paid;
 4. Expenses that are not defined as losses and are directly related to and directly allocated to the handling of a particular claim for services that are required to be performed by statute or regulation.
- C. "Claim" means each demand you receive for:
1. benefits required of you by the Workers' Compensation law, including a filing by your employee or by others legally entitled to do so on his or her behalf for such benefits with an agency authorized by law, and suit or other proceedings brought by your employee for such benefits or damages; or
 2. damages covered by this policy.
- D. "Standard Premium", if used as the Aggregate Limit Basis, means the premium determined by authorized rates including any applicable experience rating modification, employer's liability increased limits, waiver premium, claim and merit rating, supplemental disease, atomic energy exposure, nonratable catastrophe loadings, aircraft seat surcharge, loss constants and minimum premiums, but does not include premium discounts, coal mine disease charge, employee leasing client processing fees, expense constant, USL&H expense constant, terrorism premiums, catastrophe premiums, and large deductible credits.

**WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE
LARGE DEDUCTIBLE ENDORSEMENT
ALAE INCLUDED IN DEDUCTIBLE LIMIT - OREGON**

SCHEDULE

1.	Deductible Limit	\$ 500,000.00 Bodily Injury each Accident or Bodily Injury by Disease. Bodily Injury includes resulting death.

2.	Aggregate Deductible Limit <i>This Limit cannot be less than the "Standard Premium". (If no entry, this option does not apply)</i>	This is currently not available.
	Aggregate Limit Adjustment Basis <i>(Rate entry indicates which base applies)</i>	Rate
a.	Standard Premium	~~This is currently not available.~~ % of Standard Premium
b.	Manual Premium	~~This is currently not available.~~ % of Manual Premium
c.	Payroll	~~This is currently not available.~~ per \$100 of payroll

3.	Claims Handling Expense Options <i>(If no entry, this option does not apply)</i>	Charge
a.	Reimbursed by you as a percentage charge for each Claim.	~~This is currently not available.~~ % charge per "Claim"
b.	Reimbursed by you as a charge for each "Claim".	~~This is currently not available.~~ charge per "Claim"
c.	Reimbursed by you as a flat charge for the policy	~~This is currently not available.~~ policy flat charge

**WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE
LARGE DEDUCTIBLE ENDORSEMENT
ALAE INCLUDED IN DEDUCTIBLE LIMIT**

This Endorsement applies solely between you and us. It does not affect the rights of others.
The Workers Compensation And Employers Liability Policy to which this endorsement is attached is changed as follows.

I. Payment and Reimbursement Conditions

A. We will pay:

1. all benefits and costs payable under PART ONE WORKERS COMPENSATION INSURANCE; and
2. up to our limit of liability, all sums you legally must pay as damages and other costs to which PART TWO - EMPLOYERS LIABILITY applies; and
3. all benefits and costs payable under PART THREE - OTHER STATES INSURANCE; and
4. all benefits or damages and costs payable under any endorsements attached to the policy.

B. You will reimburse us promptly up to the applicable Deductible Limit shown in the Schedule for any amounts we have so paid.

C. You will further reimburse us promptly for the following

1. any "Allocated Loss Adjusting Expense" we pay, up to the amount by which the applicable Deductible Limit exceeds the amount you must reimburse us for benefits or damages we pay. Your obligation to reimburse us for "Allocated Loss Adjusting Expense" applies separately to "each accident" or, for bodily injury by disease, to each employee.

2. Claim Handling Expense is not subject to the Deductible Limit.

D. Deductible - Each Accident Limit

The Deductible Limit - Each Accident stated in Item 1. of the Schedule is the most you must reimburse us for indemnity and medical benefits, damages and "Allocated Loss Adjusting Expense" combined for bodily injury by disease. Bodily Injury includes resulting death.

E. Aggregate Deductible Limit: Your Deductible Limit may be subject to an "Aggregate Deductible Limit". If no "Aggregate Deductible Limit" is shown in Item 2. of the Schedule, no "Aggregate Deductible Limit" applies.

1. The "Aggregate Deductible Limit" (if any) shown in the Schedule is an estimate. Subject to items 2 and 3 below, the final "Aggregate Deductible Limit" will be determined after this policy ends by using the actual, not the estimated "Aggregate Deductible Limit" Basis and the rate shown in the Schedule.

2. The final "Aggregate Deductible Limit" will not be reduced if this policy is issued for a term of less than

one year, or if this policy is canceled by you before the end of the policy period for any reason except your retirement from business.

3. The minimum aggregate cannot be less than the "Standard Premium".

F. No limit on the Company's liability under the policy or any endorsement is increased or reinstated by this endorsement or by any reimbursement to us under the terms of this endorsement.

G. This endorsement does not apply to any claim, accident or disease resulting from the occurrence of an event determined by the U.S. Secretary of the Treasury or any succeeding Authority having jurisdiction, to be a Certified Act of Terrorism.

Charges for Certified Acts of Terrorism are not subject to the Large Deductible discount.

II. General Conditions

A. Duties

1. The first Named Insured shown in the Information Page agrees and is authorized to reimburse us for any reimbursable amounts we pay on behalf of any Insured, and to deliver to us the collateral described in Section B below.

2. Each Named Insured is jointly and severally liable for all reimbursable amounts under this policy.

3. All other terms of the policy, including those under PART FOUR of the policy ("YOUR DUTIES IF INJURY OCCURS") and those which apply to our right and duty to defend any claim, proceeding or suit against you, and our duties if injury or disease occurs, apply without change on account of this endorsement.

B. Payment of Reimbursable Amounts and Delivery of Collateral

1. You must reimburse us upon receipt of an invoice from us up to the applicable Deductible Limit for the amounts that we pay as benefits or damages and for your share of the "Allocated Loss Adjusting Expense".

2. Collateral is required. You must deliver to us acceptable collateral prior to policy issuance. We will

**WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE
LARGE DEDUCTIBLE ENDORSEMENT
ALAE INCLUDED IN DEDUCTIBLE LIMIT**

have a possessory security interest in any property you deliver to us to secure such obligations.

If at any time we find that we require increased collateral, you will provide us such an increase upon written notice by us to you.

3. If you fail to reimburse as required by this endorsement or if you fail to provide security in a form and amount acceptable to us we will, at our option, cancel this policy.

C. Recovery from others

We have your rights and the rights of persons entitled to the benefits of this insurance to recover all payments, including those within your reimbursement limit, from anyone liable for the injury. You will do everything necessary to protect those rights for us and to help us enforce them. If we recover any payment we made under this policy from anyone liable for the injury, the amount we recover will first be applied to any payments we made as benefits, damages and "Allocated Loss Adjusting Expenses" in excess of your reimbursement obligations, and to our expenses in obtaining the recovery. The remainder of the recovery, if any, will be applied to reduce the amount that is reimbursable by you.

**D. Effect of Deductible on Employers
Limits of Liability**

The applicable limits of liability as respects Part Two (Employers Liability Insurance) are subject to reduction by the application of the Deductible amount(s) that apply to any claim or accident or disease covered by this policy. In the event of a claim, our obligation to pay is the amount available for benefits or damages that remains after the application of the specific Deductible amount. The payment of "Allocated Loss Adjusting Expense", will not affect the limits of liability

III. Definitions

- A. "Aggregate Deductible Limit" means the most you must reimburse us for all benefits and damages and including "Allocated Loss Adjusting Expenses" that we pay under this policy. Claims Handling Expense is not subject to the "Aggregate Deductible Limit".

- B. "Allocated Loss Adjusting Expense" (ALAE) encompasses the following costs of a carrier that can be a directly allocated to a particular claim. Such expenses shall include, but not be limited to:

1. Fees of attorneys or other authorized representatives where permitted for legal services, whether by outside vendors or staff representatives;
2. Court, Alternate Dispute Resolution and other specific items of expense;
3. Medical cost containment expenses incurred with respect to a particular claim, whether by an outside vendor or done internally by a staff representative for the purpose of controlling losses, to ensure that only reasonable and necessary costs of services are paid;
4. Expenses that are not defined as losses and are directly related to and directly allocated to the handling of a particular claim for services that are required to be performed by statute or regulation.

C. "Claim" means each demand you receive for:

1. benefits required of you by the Workers' Compensation law, including a filing by your employee or by others legally entitled to do so on his or her behalf for such benefits with an agency authorized by law, and suit or other proceedings brought by your employee for such benefits or damages; or

2. damages covered by this policy.

- D. "Standard Premium", if used as the Aggregate Limit Basis, means the premium for the policies described in the Schedule to which the "Aggregate Deductible Limit" applies, determined on the basis of authorized rates and bases of premium, applicable experience modification, and applicable schedule modification where such elements are approved for use. Standard Premium does not include the following items: Expense Constant; Premium Discount; any Surcharge; Credit or Discount for any Loss Reimbursement or Deductible Program; Retrospective Rating premium adjustment; or any other item where such elements are not approved for use.

**WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE
LARGE DEDUCTIBLE ENDORSEMENT
ALAE INCLUDED IN DEDUCTIBLE LIMIT**

SCHEDULE

1.	Deductible Limit	\$ 500,000.00	Bodily Injury each Accident or Bodily Injury by Disease. Bodily Injury includes resulting death.

2.	Aggregate Deductible Limit <i>This Limit cannot be less than the "Standard Premium". (If no entry, this option does not apply)</i>	This is currently not available.	
	Aggregate Limit Adjustment Basis <i>(Rate entry indicates which base applies)</i>	Rate	
a.	Standard Premium	~~This is currently not available.~~ % of Standard Premium	
b.	Manual Premium	~~This is currently not available.~~ % of Manual Premium	
c.	Payroll	~~This is currently not available.~~ per \$100 of payroll	

3.	Claims Handling Expense Options <i>(If no entry, this option does not apply)</i>	Charge	
a.	Reimbursed by you as a percentage charge for each Claim.	~~This is currently not available.~~ % charge per "Claim"	
b.	Reimbursed by you as a charge for each "Claim".	~~This is currently not available.~~ charge per "Claim"	
c.	Reimbursed by you as a flat charge for the policy	~~This is currently not available.~~ policy flat charge	

MAINE ACCIDENT PREVENTION SERVICES NOTICE

As a policyholder, certain accident prevention services are available to you at no additional cost. These services include, but are not limited to:

- Analysis of Accident Causes
- Industrial Health Services
- Industrial Hygiene Services
- Recommendations
- Surveys
- Training Programs

If you would like more information, you may:

- Email Client Services with your questions at ClientServices@pnig.com
Please include your company's name, address, policy number and the details of your request.
- Phone Toll-Free at (877) 886-4334.
Please have your company's name, address, policy number and the details of your request available to improve our service to you during the call.

**WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE
LARGE DEDUCTIBLE ENDORSEMENT - FLORIDA
ALAE INCLUDED IN DEDUCTIBLE LIMIT**

This Endorsement applies solely between you and us. It does not affect the rights of others.
The Workers Compensation And Employers Liability Policy to which this endorsement is attached is changed as follows.

I. Payment and Reimbursement Conditions

A. We will pay:

1. all benefits and costs payable under PART ONE WORKERS COMPENSATION INSURANCE; and
2. up to our limit of liability, all sums you legally must pay as damages and other costs to which PART TWO - EMPLOYERS LIABILITY applies; and
3. all benefits and costs payable under PART THREE - OTHER STATES INSURANCE; and
4. all benefits or damages and costs payable under any endorsements attached to the policy.

B. You will reimburse us promptly up to the applicable Deductible Limit shown in the Schedule for any amounts we have so paid.

C. You will further reimburse us promptly for any "Allocated Loss Adjusting Expense" we pay; up to the amount by which the applicable Deductible Limit exceeds the amount you must reimburse us for benefits or damages we pay. Your obligation to reimburse us for "Allocated Loss Adjusting Expense" applies separately to "each accident" or, for bodily injury by disease, to each employee.

D. Deductible - Each Accident Limit
The Deductible Limit - Each Accident stated in Item 1. of the Schedule is the most you must reimburse us for indemnity and medical benefits, damages and "Allocated Loss Adjusting Expense" combined for bodily injury by accident or Bodily Injury by disease. Bodily Injury includes resulting death.

E. Aggregate Deductible Limit: Your Deductible Limit may be subject to an "Aggregate Deductible Limit". If no "Aggregate Deductible Limit" is shown in Item 2. of the Schedule, no "Aggregate Deductible Limit" applies.

1. The "Aggregate Deductible Limit" (if any) shown in the Schedule is an estimate. Subject to items 2 and 3 below, the final "Aggregate Deductible Limit" will be determined after this policy ends by using the actual, not the estimated "Aggregate Deductible Limit" Basis and the rate shown in the Schedule.

2. The final "Aggregate Deductible Limit" will not be reduced if this policy is issued for a term of less than one year, or if this policy is canceled by you before the end of the policy period for any reason except your retirement from business.

3. The minimum aggregate cannot be less than the "Standard Premium".

F. No limit on the Company's liability under the policy or any endorsement is increased or reinstated by this endorsement or by any reimbursement to us under the terms of this endorsement.

G. This endorsement does not apply to any accident or disease resulting from the occurrence of an event determined by the U.S. Secretary of the Treasury or any succeeding Authority having jurisdiction, to be a Certified Act of Terrorism.

Charges for Certified Acts of Terrorism are not subject to the Large Deductible discount.

II. General Conditions

A. Duties

1. The first Named Insured shown in the Information. Page agrees and is authorized to reimburse us for any reimbursable amounts we pay on behalf of any Insured, and to deliver to us the collateral described in Section B below.

2. Each Named Insured is jointly and severally liable for all reimbursable amounts under this policy.

3. All other terms of the policy, including those under PART FOUR of the policy ("YOUR DUTIES IF INJURY OCCURS") and those which apply to our right and duty to defend any claim, proceeding or suit against you, and our duties if injury or disease occurs, apply without change on account of this endorsement.

B. Payment of Reimbursable Amounts and Delivery of Collateral

1. You must reimburse us upon receipt of an invoice from us up to the applicable Deductible Limit for the amounts that we pay as benefits or damages and for your share of the "Allocated Loss Adjusting Expense".

2. Collateral is required. You must deliver to us acceptable collateral prior to policy issuance. We will have a possessory security interest in any property you deliver to us to secure such obligations.

If at any time we find that we require increased collateral, you will provide us such an increase upon written notice by us to you.

**WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE
LARGE DEDUCTIBLE ENDORSEMENT - FLORIDA
ALAE INCLUDED IN DEDUCTIBLE LIMIT**

3. If you fail to reimburse as required by this endorsement or if you fail to provide security in a form and amount acceptable to us we will, at our option, cancel this policy.

C. Recovery from others

We have your rights and the rights of persons entitled to the benefits of this insurance to recover all payments, including those within your deductible limit, from anyone liable for the injury. You will do everything necessary to protect those rights for us and to help us enforce them. If we recover any payment we made under this policy from anyone liable for the injury, the amount we recover will first be applied to any payments we made as benefits, damages and "Allocated Loss Adjusting Expenses" in excess of your reimbursement obligations, and to our expenses in obtaining the recovery. The remainder of the recovery, if any, will be applied to reduce the amount that is reimbursable by you.

D. Effect of Deductible on Employers Limits of Liability

The applicable limits of liability as respects Part Two (Employers Liability Insurance) are subject to reduction by the application of the Deductible amount(s) that apply to any claim or accident or disease covered by this policy. In the event of a claim, our obligation to pay is the amount available for benefits or damages that remains after the application of the specific Deductible amount. The payment of "Allocated Loss Adjusting Expense", will not affect the limits of liability.

III. Definitions

- A. "Aggregate Deductible Limit" means the most you must reimburse us for all benefits and damages and including "Allocated Loss Adjusting Expenses" that we pay under this policy.
- B. "Allocated Loss Adjusting Expense" (ALAE) encompasses the following costs of a carrier that can be a directly allocated to a particular claim. Such expenses shall include:
1. Fees of attorneys or other authorized representatives where permitted for legal services, whether by outside vendors or staff representatives;
 2. Court, Alternate Dispute Resolution and other specific items of expense such as:
 - a. Medical examinations of a claimant to determine

the extent of the carrier's liability, degree of permanency, or length of disability

- b. Expert medical or other testimony
- c. Autopsy
- d. Witnesses and summonses
- e. Copies of documents such as birth and death certificates, and medical treatment records
- f. Arbitration fees
- g. Surveillance
- h. Appeal bond costs and appeal filing fees

3. Medical cost containment expenses incurred with respect to a particular claim, whether by an outside vendor or done internally by a staff representative for the purpose of controlling losses, to ensure that only reasonable and necessary costs of services are paid. The expenses include:

- a. Bill-auditing expenses for any medical or vocational services rendered, including hospital bills (inpatient or outpatient), nursing home bills, physician bills, chiropractic bills, medical equipment charges, pharmacy charges, physical therapy bills, and medical or vocational rehabilitation vendor bills
- b. Hospital and other treatment utilization reviews, including precertification/preadmission, and concurrent or retrospective reviews
- c. Preferred provider network/organization expenses
- d. Medical fee review panel expenses

4. Expenses that are not defined as losses and are directly related to and directly allocated to the handling of a particular claim for services that are required to be performed by statute or regulation.

C. "Standard Premium", if used as the Aggregate Limit Basis, means the premium for the policy described in the Schedule to which the "Aggregate Deductible Limit" applies, determined on the basis of authorized rates and bases of premium, applicable experience modification, and applicable schedule modification where such elements are approved for use. Standard Premium does not include the following items: Expense Constant; Premium Discount; any Surcharge; Credit or Discount for any Loss Reimbursement or Deductible Program; Retrospective Rating premium adjustment; or any other item where such elements are not approved for use.

**WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE
LARGE DEDUCTIBLE ENDORSEMENT - FLORIDA
ALAE INCLUDED IN DEDUCTIBLE LIMIT**

SCHEDULE

1.	Deductible Limit	\$500,000.00 Bodily Injury each Accident or Bodily Injury by Disease. Bodily Injury includes resulting death.
2.	Aggregate Deductible Limit <i>This Limit cannot be less than the "Standard Premium". (If no entry, this option does not apply)</i>	This is currently not available.
	Aggregate Limit Adjustment Basis <i>(entry indicates which base applies)</i>	
a.	Standard Premium	~~This is currently not available.~~ % of Standard Premium
b.	Manual Premium	~~This is currently not available.~~ % of Manual Premium
c.	Payroll	~~This is currently not available.~~ per \$100 of payroll

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE

LARGE DEDUCTIBLE ENDORSEMENT ALAE INCLUDED IN DEDUCTIBLE LIMIT - TENNESSEE

This endorsement applies solely between you and us. It does not affect the rights of others.

The WORKERS COMPENSATION AND EMPLOYERS LIABILITY POLICY to which this endorsement is attached is changed as follows.

I. Payment and Deductible Conditions

A. We will pay:

1. All benefits and costs payable under Part One - Workers Compensation Insurance; and
2. Up to our limit of liability, all sums you legally must pay as damages and other costs to which Part Two - Employers Liability applies; and
3. All benefits and costs payable under Part Three - Other States Insurance; and
4. All benefits or damages and costs payable under any endorsements attached to the policy.

B. You will reimburse us promptly up to the applicable Deductible Limit shown in the Schedule for any amounts we have so paid.

C. You will further reimburse us promptly for the following:

1. any "Allocated Loss Adjusting Expense" we pay up to the amount by which the applicable Deductible limit exceeds the amount you must reimburse us for benefits or damages we pay. Your obligation to reimburse us for "Allocated Loss Adjusting Expense" applies separately to each "Accident" or, for bodily injury by disease, to each employee.
2. Claim Handling Expense is not subject to the Deductible Limit.

D. Deductible - Each Accident Limit

The Deductible Limit - Each Accident stated in Item 1. of the Schedule is the most you must reimburse us for indemnity and medical benefits and damages combined for bodily injury accident or to bodily injury by disease. Bodily injury includes resulting death.

E. Aggregate Deductible Limit: Your Deductible Limit may be subject to an "Aggregate Deductible Limit". If no "Aggregate Deductible Limit" is shown in

Item 2. of the Schedule, no "Aggregate Deductible Limit" applies.

1. The "Aggregate Deductible Limit" (if any) shown in the Schedule is an estimate. Subject to Items 2. and 3. below, the final "Aggregate Deductible Limit" will be determined after this policy ends by using the actual, not the estimated, "Aggregate Deductible Limit" Basis and the rate shown in the Schedule.
2. The final "Aggregate Deductible Limit" will not be reduced if you cancel this policy before the end of the policy period for any reason except your retirement from business.
3. The minimum "Aggregate Deductible Limit" cannot be less than the "Standard Premium".

F. No limit on the Company's liability under the policy or any endorsement is increased or reinstated by this endorsement or by any Deductible to us under the terms of this endorsement.

G. This endorsement does not apply to any claim, accident or disease resulting from the occurrence of an event determined by the U.S. Secretary of the Treasury or any succeeding Authority having jurisdiction, to be a Certified Act of Terrorism.

Charges for Certified Acts of Terrorism are not subject to the Large Deductible discount.

II. General Conditions

A. Duties

1. The first Named Insured shown in the Information Page agrees and is authorized to reimburse us for any reimbursable amounts we pay on behalf of any Insured, and to deliver the collateral described in II. B. below.

2. Each Named Insured is jointly and severally liable for all reimbursable amounts under this policy.
3. All other terms of the policy, including those under Part Four of the policy ("Your Duties If Injury Occurs") and those which apply to our right and duty to defend any claim, proceeding or suit against you, and our duties if injury or disease occurs, apply without change on account of this endorsement.

B. Payment of Reimbursable Amounts and Delivery of Collateral

1. You must reimburse us upon receipt of an invoice from us up to the applicable Deductible Limit for any of the following amounts that we pay:
 - a. Benefits or damages; and
 - b. Your share of the "Allocated Loss Adjusting Expense".
2. Collateral is required. You must deliver acceptable collateral to us prior to policy issuance. We will have a possessory security interest in any property you deliver to us to secure such obligations.

If at any time we find that we require increased collateral, you will provide us such an increase upon written notice by us to you.
3. If you fail to reimburse us as required by this endorsement or if you fail to provide security in a form and amount acceptable to us we will, at our option, cancel this policy according to state cancellation laws.

C. Recovery from others

We have your rights and the rights of persons entitled to the benefits of this insurance to recover all payments, including those within your Deductible limit, from anyone liable for the injury. You will do everything necessary to protect those rights for us and to help us enforce them. If we recover any payment we made under this policy from anyone liable for the injury, the amount we recover will first be applied to any payments we made as benefits, damages and allocated loss adjusting expenses in excess of your Deductible obligations, and to our expenses in obtaining the recovery. The remainder

of the recovery, if any, will be applied to reduce the amount that is reimbursable by you.

D. Effect of Deductible on Employers Limits of Liability

The applicable limits of liability as respects Part Two (Employers Liability Insurance) are subject to reduction by the application of the loss Deductible amount(s) that apply to any claim or accident or disease covered by this policy. In the event of a claim, our obligation to pay is the amount available for benefits or damages that remains after the application of the specific Deductible amount. The payment of "Allocated Loss Adjusting Expense", will not affect the limits of liability.

III. Definitions

- A. "Aggregate Deductible Limit" means the most you must reimburse us for all benefits and damages and including "allocated loss adjusting expenses" that we pay under this policy. Claims Handling Expense is not subject to the "Aggregate Deductible Limit".
- B. "Allocated Loss Adjusting Expense" (ALAE) encompasses the following costs of a carrier that can be directly allocated to a particular claim. Such expenses shall include, but not be limited to:
 1. Fees of attorneys or other authorized representatives where permitted for legal services; whether by outside vendors or staff representatives;
 2. Court, Alternate Dispute Resolution and other specific items of expense;
 3. Medical cost containment expenses incurred with respect to a particular claim, whether by an outside vendor or done internally by a staff representative for the purpose of controlling losses, to ensure that only reasonable and necessary costs of services are paid;
 4. Expenses that are not defined as losses and are directly related to and directly allocated to the handling of a particular claim for services that are required to be performed by statute or regulation.

C. "Claim" means each demand you receive for:

1. Benefits required of you by the Workers' Compensation law, including a filing by your employee or by others legally entitled to do so on his or her behalf for such benefits with an agency authorized by law, and suit or other proceedings brought by your employee for such benefits or damages; or
2. Damages covered by this policy.

D. "Standard Premium" if used as the Aggregate Deductible Limit Basis means the premium to which the Aggregate Deductible Limit applies, determined on the basis of authorized rates and bases of premium, subject to experience modification and applicable schedule modification where such elements are approved for use. "Standard Premium" does not include the following items: Expense Constant; Premium Discount; any Surcharge; Credit or Discount for any Loss Deductible or Deductible Program; Retrospective Rating or any other item where such elements are not approved for use.

SCHEDULE

1.	Deductible Limit	\$ 500,000.00 Bodily Injury each Accident or Bodily Injury by Disease. Bodily Injury includes resulting death.

2.	Aggregate Deductible Limit <i>This Limit cannot be less than the "Standard Premium". (If no entry, this option does not Apply)</i>	This is currently not available.
	Aggregate Limit Adjustment Basis <i>(Rate entry indicates which base applies)</i>	Rate
a.	"Standard Premium"	~~This is currently not available.~~ % of "Standard Premium"
b.	Manual Premium	~~This is currently not available.~~ % of Manual Premium
c.	Payroll	~~This is currently not available.~~ per \$100 of payroll

3.	Claims Handling Expense Options <i>(If no entry, this option does not apply)</i>	Charge
a.	Reimbursed by you as a percentage charge for each "Claim".	~~This is currently not available.~~ % charge per "Claim"
b.	Reimbursed by you as a charge for each "Claim".	~~This is currently not available.~~ charge per "Claim"
c.	Reimbursed by you as a flat charge for the policy.	~~This is currently not available.~~ policy flat charge

WEST VIRGINIA WORKERS COMPENSATION INSURANCE RECOVERY FROM OTHERS ENDORSEMENT

Part One—Workers Compensation Insurance, G.—Recovery From Others, is replaced by the following:

We have your rights to recover our payments from anyone liable for the injury. You will do everything necessary to protect those rights for us and to help us enforce them.

WC 47 03 02

(07-96)

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GEORGIA NON-COOPERATION WITH PREMIUM AUDIT ENDORSEMENT

This endorsement applies only to the insurance provided by the policy because Georgia is shown in Item 3.A. of the Information Page.

This endorsement adds to Part Five—Premium, Condition G. Audit, the following provision:

If you do not allow us to examine and audit all of your records that relate to this policy, we may utilize a payroll amount of three times the estimated payroll for purposes of determining final premium.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective 06/30/2015

Policy No. WCP500069701GIC

Endorsement No.

Insured CountryWide Staffing Solutions Group, Inc.

Premium \$ 3,141,165.00

Insurance Company Guarantee Insurance Company

Countersigned by _____

WC 10 04 02
(Ed. 1-13)

MISSOURI AMENDATORY ENDORSEMENT

This endorsement applies only to the insurance provided by the policy because Missouri is shown in Item 3.A. of the Information Page.

Section G., Audit, of Part Five (Premium) of the policy is replaced by the following:

G. Audit

You will let us examine and audit all your records that relate to this policy during regular business hours during and after the policy period ends. These records include ledgers, journals, registers, vouchers, contracts, tax reports, payroll and disbursement records, and programs for storing and retrieving data. Information developed by audit will be used to determine final premium. Insurance rate service organizations have the same rights we have under this provision.

Audits shall be completed, billed, and premiums returned within 120 days of policy expiration or cancellation. This standard of 120 days shall not be applicable if:

1. A delay is caused by your failure to respond to reasonable audit requests provided that the requests are timely and adequately documented; or
2. A delay is by the mutual agreement of you and us provided that the agreement is adequately documented.

If you or we have any objection to the results of any audit, you or we shall have up to three years from the date of expiration or cancellation of this policy in which to send a written notice demanding a reconsideration of the audit. The written notice shall be based upon sufficiently clear and specific facts as to why the audit should be reconsidered.

If you do not allow us to examine and audit all of your records that relate to this policy or do not provide audit information as reasonably requested, we may apply an Audit Noncompliance Charge equal to the estimated annual premium.

If you allow us to examine and audit all of your records after we have applied an Audit Noncompliance Charge, your premium will be revised accordingly.

Failure to cooperate with this policy provision may also result in the cancellation of your insurance coverage, as specified under your policy and allowed under Missouri law.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.
(The information below is required only when this endorsement is issued subsequent to preparation of the policy)

Endorsement Effective: 06/30/2015

Policy No.: WCP500069701GIC

Endorsement No.:
Carrier No.: 20850
Premium: INCL

Insured: CountryWide Staffing Solutions Group, Inc.

Insurance Company: Guarantee Insurance Company

Countersigned by: _____

WC 24 06 04 A
(Ed. 9-13)

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**WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE
LARGE DEDUCTIBLE ENDORSEMENT
ALAE INCLUDED IN DEDUCTIBLE LIMIT-VIRGINIA**

This Endorsement applies solely between you and us. It does not affect the rights of others.
The Workers Compensation And Employers Liability Policy to which this endorsement is attached is changed as follows.

I. Payment and Reimbursement Conditions

A. We will pay:

1. all benefits and costs payable under PART ONE WORKERS COMPENSATION INSURANCE; and
2. up to our limit of liability, all sums you legally must pay as damages and other costs to which PART TWO - EMPLOYERS LIABILITY applies; and
3. all benefits and costs payable under PART THREE - OTHER STATES INSURANCE; and
4. all benefits or damages and costs payable under any endorsements attached to the policy.

B. You will reimburse us promptly up to the applicable Deductible Limit shown in the Schedule for any amounts we have so paid.

C. You will further reimburse us promptly for the following

1. any "Allocated Loss Adjusting Expense" we pay, up to the amount by which the applicable Deductible Limit exceeds the amount you must reimburse us for benefits or damages we pay. Your obligation to reimburse us for "Allocated Loss Adjusting Expense" applies separately to "each accident" or, for bodily injury by disease, to each employee.

2. Claim Handling Expense is not subject to the Deductible Limit.

D. Deductible - Each Accident Limit

The Deductible Limit - Each Accident stated in Item 1 of the Schedule is the most you must reimburse us for indemnity and medical benefits, damages and "Allocated Loss Adjusting Expense" combined for bodily injury by disease. Bodily Injury includes resulting death.

E. Aggregate Deductible Limit: Your Deductible Limit may be subject to an "Aggregate Deductible Limit". If no "Aggregate Deductible Limit" is shown in Item 2 of the Schedule, no "Aggregate Deductible Limit" applies.

1. The "Aggregate Deductible Limit" (if any) shown in the Schedule is an estimate. Subject to Items 2 and 3 below, the final "Aggregate Deductible Limit" will be determined after this policy ends by using the actual, not the estimated "Aggregate Deductible Limit" Basis and the rate shown in the Schedule.

2. The final "Aggregate Deductible Limit" will not be reduced if this policy is issued for a term of less than one year, or if this policy is canceled by you before the

end of the policy period for any reason except your retirement from business.

3. The minimum aggregate cannot be less than the "Standard Premium".

F. No limit on the Company's liability under the policy or any endorsement is increased or reinstated by this endorsement or by any reimbursement to us under the terms of this endorsement.

G. This endorsement does not apply to any claim, accident or disease resulting from the occurrence of an event determined by the U.S. Secretary of the Treasury or any succeeding Authority having jurisdiction, to be a Certified Act of Terrorism.

Charges for Certified Acts of Terrorism are not subject to the Large Deductible discount.

II. General Conditions

A. Duties

1. The first Named Insured shown in the Information Page agrees and is authorized to reimburse us for any reimbursable amounts we pay on behalf of any Insured, and to deliver to us the collateral described in Section B below.

2. Each Named Insured is jointly and severally liable for all reimbursable amounts under this policy.

3. All other terms of the policy, including those under PART FOUR of the policy ("YOUR DUTIES IF INJURY OCCURS") and those which apply to our right and duty to defend any claim, proceeding or suit against you, and our duties if injury or disease occurs, apply without change on account of this endorsement.

B. Payment of Reimbursable Amounts and Delivery of Collateral

1. You must reimburse us upon receipt of an invoice from us up to the applicable Deductible Limit for the amounts that we pay as benefits or damages and for your share of the "Allocated Loss Adjusting Expense".

2. Collateral is required. You must deliver to us acceptable collateral prior to policy issuance. We will have a possessory security interest in any property you deliver to us to secure such obligations.

**WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE
LARGE DEDUCTIBLE ENDORSEMENT
ALAE INCLUDED IN DEDUCTIBLE LIMIT-VIRGINIA**

If at any time we find that we require increased collateral, you will provide us such an increase upon written notice by us to you.

3. If you fail to reimburse as required by this endorsement or if you fail to provide security in a form and amount acceptable to us we will, at our option, cancel this endorsement;

C. Recovery from others

We have your rights and the rights of persons entitled to the benefits of this insurance to recover all payments, including those within your reimbursement limit, from anyone liable for the injury. You will do everything necessary to protect those rights for us and to help us enforce them. If we recover any payment we made under this policy from anyone liable for the injury, the amount we recover will first be applied to any payments we made as benefits, damages and "Allocated Loss Adjusting Expenses" in excess of your reimbursement obligations, and to our expenses in obtaining the recovery. The remainder of the recovery, if any, will be applied to reduce the amount that is reimbursable by you.

**D. Effect of Deductible on Employers
Limits of Liability**

The applicable limits of liability as respects Part Two (Employers Liability Insurance) are subject to reduction by the application of the Deductible amount(s) that apply to any claim or accident or disease covered by this policy. In the event of a claim, our obligation to pay is the amount available for benefits or damages that remains after the application of the specific Deductible amount. The payment of "Allocated Loss Adjusting Expense", will not affect the limits of liability

III. Definitions

- A. "Aggregate Deductible Limit" means the most you must reimburse us for all benefits and damages and including "Allocated Loss Adjusting Expenses" that we pay under this policy. Claims Handling Expense is not subject to the "Aggregate Deductible Limit".
- B. "Allocated Loss Adjusting Expense" (ALAE) encompasses the following costs of a carrier that can

be a directly allocated to a particular claim. Such expenses shall include, but not be limited to:

1. Fees of attorneys or other authorized representatives where permitted for legal services, whether by outside vendors or staff representatives;
2. Court, Alternate Dispute Resolution and other specific items of expense;
3. Medical cost containment expenses incurred with respect to a particular claim, whether by an outside vendor or done internally by a staff representative for the purpose of controlling losses, to ensure that only reasonable and necessary costs of services are paid;
4. Expenses that are not defined as losses and are directly related to and directly allocated to the handling of a particular claim for services that are required to be performed by statute or regulation.

C. "Claim" means each demand you receive for:

1. benefits required of you by the Workers' Compensation law, including a filing by your employee or by others legally entitled to do so on his or her behalf for such benefits with an agency authorized by law, and suit or other proceedings brought by your employee for such benefits or damages; or
2. damages covered by this policy;

- D. "Standard Premium", if used as the Aggregate Limit Basis, means the premium for the policies described in the Schedule to which the "Aggregate Deductible Limit" applies, determined on the basis of authorized rates and bases of premium, applicable experience modification, and applicable schedule modification where such elements are approved for use. Standard Premium does not include the following items: Expense Constant; Premium Discount; any Surcharge; Credit or Discount for any Loss Reimbursement or Deductible Program; Retrospective Rating premium adjustment; or any other item where such elements are not approved for use.

**WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE
LARGE DEDUCTIBLE ENDORSEMENT
ALAE INCLUDED IN DEDUCTIBLE LIMIT-VIRGINIA**

SCHEDULE

1.	Deductible Limit	\$ 500,000.00 Bodily Injury each Accident or Bodily Injury by Disease. Bodily Injury includes resulting death.

2.	Aggregate Deductible Limit <i>This Limit cannot be less than the "Standard Premium". (If no entry, this option does not apply)</i>	This is currently not available.
	Aggregate Limit Adjustment Basis <i>(Rate entry indicates which base applies)</i>	Rate
a.	Standard Premium	<u>This is currently not available.</u> % of Standard Premium
b.	Manual Premium	<u>This is currently not available.</u> % of Manual Premium
c.	Payroll	<u>This is currently not available.</u> per \$100 of payroll

3.	Claims Handling Expense Options <i>(If no entry, this option does not apply)</i>	Charge
a.	Reimbursed by you as a percentage charge for each Claim.	<u>This is currently not available.</u> % charge per "Claim"
b.	Reimbursed by you as a charge for each "Claim".	<u>This is currently not available.</u> charge per "Claim"
c.	Reimbursed by you as a flat charge for the policy	<u>This is currently not available.</u> policy flat charge

MISSOURI LARGE DEDUCTIBLE NOTICE

**NOTICE: THIS WORKERS' COMPENSATION POLICY CONTAINS A DEDUCTIBLE OPTION,
UNDER WHICH YOU, THE EMPLOYER, ARE REQUIRED TO REIMBURSE CERTAIN LOSSES.**

**PLEASE READ THIS POLICY CAREFULLY AND UNDERSTAND ITS CONDITIONS
THOROUGHLY PRIOR TO PURCHASING COVERAGE.**

**WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE
LARGE DEDUCTIBLE ENDORSEMENT
ALAE INCLUDED IN DEDUCTIBLE LIMIT - MISSOURI**

This Endorsement applies solely between you and us. It does not affect the rights of others.
The Workers Compensation And Employers Liability Policy to which this endorsement is attached is changed as follows.

I. Payment and Reimbursement Conditions

A. We will pay:

1. all benefits and costs payable under PART ONE WORKERS COMPENSATION INSURANCE; and
2. up to our limit of liability, all sums you legally must pay as damages and other costs to which PART TWO - EMPLOYERS LIABILITY applies; and
3. all benefits and costs payable under PART THREE - OTHER STATES INSURANCE; and
4. all benefits or damages and costs payable under any endorsements attached to the policy.

B. You will reimburse us promptly up to the applicable Deductible Limit shown in the Schedule for any amounts we have so paid.

C. You will further reimburse us promptly for the following

1. any "Allocated Loss Adjusting Expense" we pay, up to the amount by which the applicable Deductible Limit exceeds the amount you must reimburse us for benefits or damages we pay. Your obligation to reimburse us for "Allocated Loss Adjusting Expense" applies separately to "each accident" or, for bodily injury by disease, to each employee.

2. Claim Handling Expense is not subject to the Deductible Limit.

D. Deductible - Each Accident Limit

The Deductible Limit - Each Accident stated in Item 1. of the Schedule is the most you must reimburse us for indemnity and medical benefits, damages and "Allocated Loss Adjusting Expense" combined for bodily injury by disease. Bodily Injury includes resulting death.

E. Aggregate Deductible Limit: Your Deductible Limit may be subject to an "Aggregate Deductible Limit". If no "Aggregate Deductible Limit" is shown in Item 2. of the Schedule, no "Aggregate Deductible Limit" applies.

1. The "Aggregate Deductible Limit" (if any) shown in the Schedule is an estimate. Subject to items 2 and 3 below, the final "Aggregate Deductible Limit" will be determined after this policy ends by using the actual, not the estimated "Aggregate Deductible Limit" Basis and the rate shown in the Schedule.
2. The final "Aggregate Deductible Limit" will not be reduced if this policy is issued for a term of less than one year, or if this policy is canceled by you before the end of the policy period for any reason except your retirement from business.

3. The minimum aggregate cannot be less than the "Standard Premium".

F. No limit on the Company's liability under the policy or any endorsement is increased or reinstated by this endorsement or by any reimbursement to us under the terms of this endorsement.

G. This endorsement does not apply to any claim, accident or disease resulting from the occurrence of an event determined by the U.S. Secretary of the Treasury or any succeeding Authority having jurisdiction, to be a Certified Act of Terrorism.

Charges for Certified Acts of Terrorism are not subject to the Large Deductible discount.

II. General Conditions

A. Duties

1. The first Named Insured shown in the Information Page agrees and is authorized to reimburse us for any reimbursable amounts we pay on behalf of any Insured, and to deliver to us the collateral described in Section B below.

2. Each Named Insured is jointly and severally liable for all reimbursable amounts under this policy.

3. All other terms of the policy, including those under PART FOUR of the policy ("YOUR DUTIES IF INJURY OCCURS") and those which apply to our right and duty to defend any claim, proceeding or suit against you, and our duties if injury or disease occurs, apply without change on account of this endorsement.

B. Payment of Reimbursable Amounts and Delivery of Collateral

1. You must reimburse us upon receipt of an invoice from us up to the applicable Deductible Limit for the amounts that we pay as benefits or damages and for your share of the "Allocated Loss Adjusting Expense".

2. Collateral is required. You must deliver to us acceptable collateral prior to policy issuance. We will have a possessory security interest in any property you deliver to us to secure such obligations.

If at any time we find that we require increased collateral, you will provide us such an increase upon written notice by us to you.

**WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE
LARGE DEDUCTIBLE ENDORSEMENT
ALAE INCLUDED IN DEDUCTIBLE LIMIT - MISSOURI**

3. If you fail to reimburse as required by this endorsement or if you fail to provide security in a form and amount acceptable to us we will, at our option, cancel this policy.

C. Recovery from others

We have your rights and the rights of persons entitled to the benefits of this insurance to recover all payments, including those within your reimbursement limit, from anyone liable for the injury. You will do everything necessary to protect those rights for us and to help us enforce them. If we recover any payment we made under this policy from anyone liable for the injury, the amount we recover will first be applied to any payments we made as benefits, damages and "Allocated Loss Adjusting Expenses" in excess of your reimbursement obligations, and to our expenses in obtaining the recovery. The remainder of the recovery, if any, will be applied to reduce the amount that is reimbursable by you.

**D. Effect of Deductible on Employers
Limits of Liability**

The applicable limits of liability as respects Part Two (Employers Liability Insurance) are subject to reduction by the application of the Deductible amount(s) that apply to any claim or accident or disease covered by this policy. In the event of a claim, our obligation to pay is the amount available for benefits or damages that remains after the application of the specific Deductible amount. The payment of "Allocated Loss Adjusting Expense", will not affect the limits of liability.

III. Definitions

- A. "Aggregate Deductible Limit"** means the most you must reimburse us for all benefits and damages and including "Allocated Loss Adjusting Expenses" that we pay under this policy. Claims Handling Expense is not subject to the "Aggregate Deductible Limit".
- B. "Allocated Loss Adjusting Expense" (ALAE)** encompasses the following costs of a carrier that can be a directly allocated to a particular claim. Such expenses shall include:
1. Fees of attorneys or other authorized representatives where permitted for legal services, whether by outside vendors or staff representatives;
 2. Court, Alternate Dispute Resolution and other specific items of expense such as:
 - a. Medical examinations of a claimant to determine the extent of the carrier's liability, degree of permanency, or length of disability
 - b. Expert medical or other testimony
 - c. Autopsy

d. Witnesses and summonses

e. Copies of documents such as birth and death certificates, and medical treatment records

f. Arbitration fees

g. Surveillance

h. Appeal bond costs and appeal filing fees

3. Medical cost containment expenses incurred with respect to a particular claim, whether by an outside vendor or done internally by a staff representative for the purpose of controlling losses, to ensure that only reasonable and necessary costs of services are paid. These expenses include:

a. Bill-auditing expenses for any medical or vocational services rendered, including hospital bills (inpatient or outpatient), nursing home bills, physician bills, chiropractic bills, medical equipment charges, pharmacy charges, physical therapy bills, and medical or vocational rehabilitation vendor bills

b. Hospital and other treatment utilization reviews, including precertification/preadmission, and concurrent or retrospective reviews

c. Preferred provider network/organization expenses

d. Medical fee review panel expenses

4. Expenses that are not defined as losses and are directly related to and directly allocated to the handling of a particular claim for services that are required to be performed by statute or regulation.

C. "Claim" means each demand you receive for:

1. benefits required of you by the Workers' Compensation law, including a filing by your employee or by others legally entitled to do so on his or her behalf for such benefits with an agency authorized by law, and suit or other proceedings brought by your employee for such benefits or damages; or

2. damages covered by this policy.

D. "Standard Premium", if used as the Aggregate Limit Basis, means the premium for the policies described in the Schedule to which the "Aggregate Deductible Limit" applies, determined on the basis of authorized rates and bases of premium, applicable experience modification, and applicable schedule modification where such elements are approved for use. Standard Premium does not include the following items: Expense Constant; Premium Discount; any Surcharge; Credit or Discount for any Loss Reimbursement or Deductible Program; Retrospective Rating premium adjustment; or any other item where such elements are not approved for use.

**WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE
LARGE DEDUCTIBLE ENDORSEMENT
ALAE INCLUDED IN DEDUCTIBLE LIMIT - MISSOURI**

SCHEDULE

1.	Deductible Limit	\$ 500,000.00 Bodily Injury each Accident or Bodily Injury by Disease. Bodily Injury includes resulting death.

2.	Aggregate Deductible Limit <i>This Limit cannot be less than the "Standard Premium". (If no entry, this option does not apply)</i>	This is currently not available.
	Aggregate Limit Adjustment Basis <i>(Rate entry indicates which base applies)</i>	Rate
a.	Standard Premium	~~This is currently not available.~~ % of Standard Premium
b.	Manual Premium	~~This is currently not available.~~ % of Manual Premium
c.	Payroll	~~This is currently not available.~~ per \$100 of payroll

3.	Claims Handling Expense Options <i>(If no entry, this option does not apply)</i>	Charge
a.	Reimbursed by you as a percentage charge for each Claim.	~~This is currently not available.~~ % charge per "Claim"
b.	Reimbursed by you as a charge for each "Claim".	~~This is currently not available.~~ charge per "Claim"
c.	Reimbursed by you as a flat charge for the policy	~~This is currently not available.~~ policy flat charge

**WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE
LARGE DEDUCTIBLE ENDORSEMENT
ALAE INCLUDED IN DEDUCTIBLE LIMIT - KENTUCKY**

This Endorsement applies solely between you and us. It does not affect the rights of others.
The Workers Compensation And Employers Liability Policy to which this endorsement is attached is changed as follows.

I. Payment and Reimbursement Conditions

A. We will pay:

1. all benefits and costs payable under PART ONE WORKERS COMPENSATION INSURANCE; and
2. up to our limit of liability, all sums you legally must pay as damages and other costs to which PART TWO - EMPLOYERS LIABILITY applies; and
3. all benefits and costs payable under PART THREE - OTHER STATES INSURANCE; and
4. all benefits or damages and costs payable under any endorsements attached to the policy.

B. You will reimburse us promptly up to the applicable Deductible Limit shown in the Schedule for any amounts we have so paid.

C. You will further reimburse us promptly for the following

1. any "Allocated Loss Adjusting Expense" we pay, up to the amount by which the applicable Deductible Limit exceeds the amount you must reimburse us for benefits or damages we pay. Your obligation to reimburse us for "Allocated Loss Adjusting Expense" applies separately to "each accident" or, for bodily injury by disease, to each employee.

2. Claim Handling Expense is not subject to the Deductible Limit.

D. Deductible - Each Accident Limit

The Deductible Limit - Each Accident stated in Item 1. of the Schedule is the most you must reimburse us for indemnity and medical benefits, damages and "Allocated Loss Adjusting Expense" combined for bodily injury by disease. Bodily Injury includes resulting death.

E. Aggregate Deductible Limit: Your Deductible Limit may be subject to an "Aggregate Deductible Limit". If no "Aggregate Deductible Limit" is shown in Item 2. of the Schedule, no "Aggregate Deductible Limit" applies.

1. The "Aggregate Deductible Limit" (if any) shown in the Schedule is an estimate. Subject to items 2 and 3 below, the final "Aggregate Deductible Limit" will be determined after this policy ends by using the actual, not the estimated "Aggregate Deductible Limit" Basis and the rate shown in the Schedule.

2. The final "Aggregate Deductible Limit" will not be reduced if this policy is issued for a term of less than

one year, or if this policy is canceled by you before the end of the policy period for any reason except your retirement from business.

3. The minimum aggregate cannot be less than the "Standard Premium".

F. No limit on the Company's liability under the policy or any endorsement is increased or reinstated by this endorsement or by any reimbursement to us under the terms of this endorsement.

G. This endorsement does not apply to any claim, accident or disease resulting from the occurrence of an event determined by the U.S. Secretary of the Treasury or any succeeding Authority having jurisdiction, to be a Certified Act of Terrorism.

Charges for Certified Acts of Terrorism are not subject to the Large Deductible discount.

II. General Conditions

A. Duties

1. The first Named Insured shown in the Information Page agrees and is authorized to reimburse us for any reimbursable amounts we pay on behalf of any Insured, and to deliver to us the collateral described in Section B below.

2. Each Named Insured is jointly and severally liable for all reimbursable amounts under this policy.

3. All other terms of the policy, including those under PART FOUR of the policy ("YOUR DUTIES IF INJURY OCCURS") and those which apply to our right and duty to defend any claim, proceeding or suit against you, and our duties if injury or disease occurs, apply without change on account of this endorsement.

B. Payment of Reimbursable Amounts and Delivery of Collateral

1. You must reimburse us upon receipt of an invoice from us up to the applicable Deductible Limit for the amounts that we pay as benefits or damages and for your share of the "Allocated Loss Adjusting Expense".

**WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE
LARGE DEDUCTIBLE ENDORSEMENT
ALAE INCLUDED IN DEDUCTIBLE LIMIT - KENTUCKY**

2. Collateral is required. You must deliver to us acceptable collateral prior to policy issuance. We will have a possessory security interest in any property you deliver to us to secure such obligations:

If at any time we find that we require increased collateral, you will provide us such an increase upon written notice by us to you.

3. If you fail to reimburse as required by this endorsement or if you fail to provide security in a form and amount acceptable to us we will, at our option, cancel this policy by mailing or delivering written notice to you not less than 75 days prior to the effective date of such cancellation stating the day and hour the cancellation is to take effect. Proof of the mailing of such notice to you at your mailing address shown in Item 1 of the Information Page will be sufficient to prove notice

C. Recovery from others

We have your rights and the rights of persons entitled to the benefits of this insurance to recover all payments, including those within your reimbursement limit, from anyone liable for the injury. You will do everything necessary to protect those rights for us and to help us enforce them. If we recover any payment we made under this policy from anyone liable for the injury, the amount we recover will first be applied to any payments we made as benefits, damages and "Allocated Loss Adjusting Expenses" in excess of your reimbursement obligations, and to our expenses in obtaining the recovery. The remainder of the recovery, if any, will be applied to reduce the amount that is reimbursable by you.

**D. Effect of Deductible on Employers
Limits of Liability**

The applicable limits of liability as respects Part Two (Employers Liability Insurance) are subject to reduction by the application of the Deductible amount(s) that apply to any claim or accident or disease covered by this policy. In the event of a claim, our obligation to pay is the amount available for benefits or damages that remains after the application of the specific Deductible amount. The payment of "Allocated Loss Adjusting Expense", will not affect the limits of liability

III. Definitions

- A. "Aggregate Deductible Limit" means the most you must reimburse us for all benefits and damages and including "Allocated Loss Adjusting Expenses" that we pay under this policy. Claims

Handling Expense is not subject to the "Aggregate Deductible Limit".

- B. "Allocated Loss Adjusting Expense" (ALAE) encompasses the following costs of a carrier that can be a directly allocated to a particular claim. Such expenses shall include, but not be limited to:

1. Fees of attorneys or other authorized representatives where permitted for legal services, whether by outside vendors or staff representatives;
2. Court, Alternate Dispute Resolution and other specific items of expense;
3. Medical cost containment expenses incurred with respect to a particular claim, whether by an outside vendor or done internally by a staff representative for the purpose of controlling losses, to ensure that only reasonable and necessary costs of services are paid;
4. Expenses that are not defined as losses and are directly related to and directly allocated to the handling of a particular claim for services that are required to be performed by statute or regulation.

- C. "Claim" means each demand you receive for:

1. benefits required of you by the Workers' Compensation law, including a filing by your employee or by others legally entitled to do so on his or her behalf for such benefits with an agency authorized by law, and suit or other proceedings brought by your employee for such benefits or damages; or

2. damages covered by this policy.

- D. "Standard Premium", if used as the Aggregate Limit Basis, means the premium for the policies described in the Schedule to which the "Aggregate Deductible Limit" applies, determined on the basis of authorized rates and bases of premium, applicable experience modification, and applicable schedule modification where such elements are approved for use. Standard Premium does not include the following items: Expense Constant; Premium Discount; any Surcharge; Credit or Discount for any Loss Reimbursement or Deductible Program; Retrospective Rating premium adjustment; or any other item where such elements are not approved for use.

**WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE
LARGE DEDUCTIBLE ENDORSEMENT
ALAE INCLUDED IN DEDUCTIBLE LIMIT - KENTUCKY**

SCHEDULE

1.	Deductible Limit	\$ 500,000.00 Bodily Injury each Accident or Bodily Injury by Disease. Bodily Injury includes resulting death.

2.	Aggregate Deductible Limit <i>This Limit cannot be less than the "Standard Premium". (If no entry, this option does not apply)</i>	This is currently not available.
	Aggregate Limit Adjustment Basis <i>(Rate entry indicates which base applies)</i>	Rate
a.	Standard Premium	<u>This is currently not available.</u> % of Standard Premium
b.	Manual Premium	<u>This is currently not available.</u> % of Manual Premium
c.	Payroll	<u>This is currently not available.</u> per \$100 of payroll

3.	Claims Handling Expense Options <i>(If no entry, this option does not apply)</i>	Charge
a.	Reimbursed by you as a percentage charge for each Claim.	<u>This is currently not available.</u> % charge per "Claim"
b.	Reimbursed by you as a charge for each "Claim".	<u>This is currently not available.</u> charge per "Claim"
c.	Reimbursed by you as a flat charge for the policy	<u>This is currently not available.</u> policy flat charge

MISSOURI NOTIFICATION OF ADDITIONAL MESOTHELIOMA BENEFITS ENDORSEMENT

This endorsement applies only to insurance provided by the policy because Missouri is shown in Item 3.A. of the Information Page.

Section 287.200.4, subdivision (3), of the Missouri Revised Statutes provides additional benefits in the case of occupational diseases due to toxic exposure that are diagnosed to be mesothelioma and result in permanent total disability or death. Your policy provides insurance for these additional benefits.

If you reject liability for mesothelioma additional benefits provided under Section 287.200.4, subdivision (3), of the Missouri Revised Statutes, you must notify us of this election. Once you notify us, we will endorse this policy to exclude insurance for these additional benefits. If you reject liability for mesothelioma additional benefits, the exclusive remedy provisions under Missouri Revised Statutes Section 287.120 shall not apply to your liability for mesothelioma additional benefits.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective 06/30/2015 Policy No. WCP500069701GIC
Insured CountryWide Staffing Solutions Group, Inc.
Insurance Company Guarantee Insurance Company

Endorsement No.
Premium INCL

Countersigned by _____

WC 24 03 02
(Ed. 1-14)

DEDUCTIBLE NOTICE OF ELECTION

Texas law permits an employer to obtain workers' compensation insurance with a deductible. The insurance applies only to benefits payable under Texas workers' compensation law. When a deductible is elected, the policyholder is required to reimburse the insurance carrier for benefits payable under the law up to the deductible amount and a credit is applied to the policy. Premium credits are determined based on the deductible selected and the hazard group. The hazard group is determined by the classification that produces the largest amount of estimated Texas standard premium.

You are not required to choose a deductible. If you do choose one, your insurance company will pay the deductible amount for you, but you must reimburse the insurance company within 30 days after they send you notice that payment is due. If you fail to reimburse the insurance company, they may cancel the policy upon ten days written notice, and any resulting premium may be applied to the deductible amount owed.

If a deductible amount is desired, please indicate below.

☐ Yes, I want a deductible of (select only one):

1. \$ _____ per accident

2. \$ _____ annual aggregate

3. \$ _____ / \$ _____ per accident/annual aggregate

applied to benefits payable under the Texas Workers' Compensation Law. I understand that the company will pay the deductible amount and seek reimbursement

_____ (monthly, quarterly or other)

☐ No, I do not want a deductible applied to benefits payable under the Texas Workers' Compensation Law.

☐ Yes, I do want a deductible policy, but am unable to obtain one for the following reason: _____

The deductible plans have been explained to me.

Signature and Title

Date

Employer Name (print or type)

Address

Insurance Company

Policy No.

Effective Date

IMPORTANT NOTICE

To obtain information or make a complaint, please call Guarantee Insurance Company's toll-free telephone number at:

1-877-886-4334

You may contact the Texas Department of Insurance to obtain information on companies, coverages, rights or complaints at:

1-800-252-3439

You may write the Texas Department of Insurance at:

Texas Department of Insurance
Consumer Protection
P.O. Box 149104
Austin, TX 78714-9104

Or contact the Texas Department of Insurance by email at:

ConsumerProtection@tdi.texas.gov

The Texas Department of Insurance's web site is located at:

<http://www.tdi.texas.gov>

PREMIUM OR CLAIM DISPUTES

If you have a dispute concerning your premium or about a claim, you should contact Guarantee Insurance Company first. If the dispute is not resolved, you may contact the Texas Department of Insurance.

**ATTACH THIS NOTICE TO YOUR POLICY: THIS NOTICE IS FOR INFORMATION ONLY AND DOES NOT
BECOME A PART OR CONDITION OF THE ATTACHED DOCUMENT.**

TEXAS AMENDATORY ENDORSEMENT

This endorsement applies only to the insurance provided by the policy because Texas is shown in Item 3.A. of the Information Page.

GENERAL SECTION

B. Who Is Insured is amended to read:

You are insured if you are an employer named in Item 1 of the Information Page. If that employer is a partnership or joint venture, and if you are one of its partners or members, you are insured, but only in your capacity as an employer of the partnership's or joint venture's employees.

D. State is amended to read:

State means any state or territory of the United States of America, and the District of Columbia.

PART ONE—WORKERS COMPENSATION INSURANCE

E. Other Insurance is amended by adding this sentence:

This Section only applies if you have other insurance or are self-insured for the same loss.

F. Payments You Must Make

This Section is amended by deleting the words "workers compensation" from number 4.

H. Statutory Provisions

This Section is amended by deleting the words "after an injury occurs" from number 2.

PART TWO—EMPLOYERS LIABILITY INSURANCE

C. Exclusions

Sections 2 and 3 are amended to add:

This exclusion does not apply unless the violation of law caused or contributed to the bodily injury.

Section 6 is amended to read:

6. bodily injury occurring outside the United States of America, its territories or possessions, and Canada. This exclusion does not apply to bodily injury to a citizen or resident of the United States of America, Mexico or Canada who is temporarily outside these countries.

D. We Will Defend

This Section is amended by deleting the last sentence.

PART FOUR—YOUR DUTIES IF INJURY OCCURS

Number 6 of this part is amended to read:

6. Texas law allows you to make weekly payments to an injured employee in certain instances. Unless authorized by law, do not voluntarily make payments, assume obligations or incur expenses, except at your own cost.

PART FIVE—PREMIUM

- A. **Our Manuals** is amended by adding this sentence:
In this part, "our manuals" means manuals approved or prescribed by the Texas Department of Insurance.
- C. **Remuneration**
Number 2 is amended to read:
2. All other persons engaged in work that would make us liable under Part One (Workers Compensation Insurance) of this policy. This paragraph 2 will not apply if you give us proof that the employers of these persons lawfully secured workers compensation insurance.
- E. **Final Premium**
Number 2 is amended to read:
2. If you cancel, final premium will be calculated pro rata based on the time this policy was in force. Final premium will not be less than the pro rata share of the minimum premium.

PART SIX—CONDITIONS

- A. **Inspection** is amended by adding this sentence:
Your failure to comply with the safety recommendations made as a result of an inspection may cause the policy to be canceled by us.
- C. **Transfer of Your Rights and Duties** is amended to read:
Your rights and duties under this policy may not be transferred without our written consent. If you die, coverage will be provided for your surviving spouse or your legal representative. This applies only with respect to their acting in the capacity as an employer and only for the workplaces listed in Items 1 and 4 on the Information Page.
- D. **Cancellation** is amended to read:
1. You may cancel this policy. You must mail or deliver advance notice to us stating when the cancellation is to take effect.
2. We may cancel this policy. We may also decline to renew it. We must give you written notice of cancellation or nonrenewal. That notice will be sent certified mail or delivered to you in person. A copy of the written notice will be sent to the Texas Workers' Compensation Commission.
3. Notice of cancellation or nonrenewal must be sent to you not later than the 30th day before the date on which the cancellation or nonrenewal becomes effective, except that we may send the notice not later than the 10th day before the date on which the cancellation or nonrenewal becomes effective if we cancel or do not renew because of:
a. Fraud in obtaining coverage;
b. Misrepresentation of the amount of payroll for purposes of premium calculation;
c. Failure to pay a premium when payment was due;
d. An increase in the hazard for which you seek coverage that results from an action or omission and that would produce an increase in the rate, including an increase because of failure to comply with reasonable recommendations for loss control or to comply within a reasonable period with recommendations designed to reduce a hazard that is under your control;
e. A determination by the Commissioner of Insurance that the continuation of the policy would place us in violation of the law, or would be hazardous to the interests of subscribers, creditors, or the general public.
4. If another insurance company notifies the Texas Workers' Compensation Commission that it is insuring you as an employer, such notice shall be a cancellation of this policy effective when the other policy starts.

PART SEVEN—OUR DUTY TO YOU FOR CLAIM NOTIFICATION

A. Claims Notification

We are required to notify you of any claim that is filed against your policy. Thereafter we shall notify you of any proposal to settle a claim or, on receipt of a written request from you, of any administrative or judicial proceeding relating to the resolution of a claim, including a benefit review conference conducted by the Texas Workers' Compensation Commission. You may, in writing, elect to waive this notification requirement.

We shall, on the written request from you, provide you with a list of claims charged against your policy, payments made and reserves established on each claim, and a statement explaining the effect of claims on your premium rates. We must furnish the requested information to you in writing no later than the 30th day after the date we receive your request. The information is considered to be provided on the date the information is received by the United States Postal Service or is personally delivered.

COMPLAINT NOTICE: SHOULD ANY DISPUTE ARISE ABOUT YOUR PREMIUM OR ABOUT A CLAIM THAT YOU HAVE FILED, CONTACT THE AGENT OR WRITE TO THE COMPANY THAT ISSUED THE POLICY. IF THE PROBLEM IS NOT RESOLVED, YOU MAY ALSO WRITE THE TEXAS DEPARTMENT OF INSURANCE, P.O. BOX 149091, AUSTIN, TEXAS 78714-9091, FAX # (512) 475-1771. THIS NOTICE OF COMPLAINT PROCEDURE IS FOR INFORMATION ONLY AND DOES NOT BECOME A PART OR CONDITION OF THIS POLICY.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective 06/30/2015

Policy No. WCP500069701GIC

Endorsement No.

Insured CountryWide Staffing Solutions Group, Inc.

Premium INCL

Insurance Company Guarantee Insurance Company

Countersigned by _____

WC 42 03 01 F
(Ed. 1-00)

TEXAS EMPLOYEE PROVIDER/CLIENT COMPANY ENDORSEMENT

This endorsement is to be used for each client company of an employee provider firm as those terms are defined in Part E of Rule IX of the *Texas Basic Manual of Rules, Classifications and Experience Rating Plan for Workers' Compensation and Employers' Liability Insurance*. This endorsement shall be notarized and sworn to as true and correct by the owner, partner, officer or any other representative authorized to bind the client company.

The purposes of this endorsement are to curtail abuses to the workers compensation insurance rating system of the State of Texas perpetrated by employee leasing arrangements; to prevent employee provider firms from assisting employers in evading proper premium and other charges for workers compensation insurance through employee leasing arrangements; to ensure that incurred experience is used in ratings; and to ensure that premium is paid commensurate with exposure and anticipated claims experience.

This endorsement does not purport to make any determination that an employee provider firm is or is not the employer of a leased worker for any purposes whatsoever; nor does the Texas Department of Insurance in approving this endorsement make any such determination. This endorsement is of no significance in regard to the employer/ employee relationship under Texas law or with regard to determinations about the payment of benefits to insured workers. The purpose of this endorsement is limited to those purposes stated above.

Terms not otherwise defined here are defined in Part E of Rule IX of the *Texas Basic Manual of Rules, Classifications and Experience Rating Plan for Workers' Compensation and Employers' Liability Insurance*. Attach continuation pages where space provided is inadequate for answers.

I, _____ am the
Name SSN

Officer or Title of Full Company Name

(the "Company"), and am authorized to legally bind the Company. I hereby swear upon penalty of perjury that the following information and statements are true and accurate and may be relied on by the insurer issuing this endorsement:

1. Name, address and telephone number of Company:

2. Owner(s) of Company and percentage of ownership:

3. Officers, managers, and affiliates of and persons authorized to bind Company, along with their titles and respective Social Security numbers:

4. Date of contract with employee provider firm: _____

(Ed. 1-02)

5. For the preceding five (5) years, any other name(s) or assumed name(s) under which the Company has done business or operated and each mailing address it has used and a copy of the Company's most recent Form 941 or its equivalent filed with the Internal Revenue Service by the Company:
- _____
- _____
- _____
6. Company's experience modifier most recently issued by the Department before the Company entered into any employee leasing arrangement: _____
7. Classifications and payroll of leased workers:
- | | |
|-------|----------|
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
8. The policy number and carrier for each workers compensation policy issued to the Company under each and every name under which the Company has done business in the preceding five (5) years are:
- _____
- _____
- _____
9. The names of every other employee provider firm from which the Company has ever leased workers (and the effective dates for each such contract) are:
- _____
- _____
- _____
10. If coverage is with the insurer of last resort: the Company, its officers, directors, and affiliates and any entity with an ownership interest in the Company is in good faith eligible to receive workers compensation insurance; or, if coverage is with the voluntary market: the Company, its officers, directors and affiliates and any entity with an ownership interest in the Company do not owe any workers compensation premium to any current or prior insurer.
11. The Company acknowledges that the insurer has the same rights of audit that the insurer has with regard to the employee provider firm with which the Company has an employee leasing arrangement; and further understands that the insurer may make any adjustments in premium calculations as a result of such audits.
12. The Company acknowledges that premiums will be calculated based on the methods described in Paragraph 3 of Part E of Rule IX of the *Texas Basic Manual of Rules, Classifications and Experience Rating Plan for Workers' Compensation and Employers' Liability Insurance*. The Company will abide by any rules and regulations of the Texas Workers' Compensation Commission and the Department that are now or may become in the future applicable to it or to employee provider firms.

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

WC 42 04 06 C

(Ed. 1-02)

NOTICE: Before executing this form, you may wish to review Section 32.54 of the Texas Penal Code entitled, "Penalty for Fraudulently Obtaining Workers' Compensation Insurance Coverage."

Name of Client Company

Signature of Authorized Representative of Client Company

Sworn and Subscribed to before me this _____ day of _____, 20____

Notary Public

My Commission Expires:

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective 06/30/2015

Policy No. WCP500069701GIC

Endorsement No.

Insured CountryWide Staffing Solutions Group, Inc..

Premium INCL

Insurance Company Guarantee Insurance Company

Countersigned by _____

WC 42 04 06C
(Ed.1-02)

3 of 3

**TEXAS—AUDIT PREMIUM AND
RETROSPECTIVE PREMIUM ENDORSEMENT**

Section D of Part Five of the policy is replaced by the following provision:

PART FIVE—PREMIUM

D. Premium Payments

You will pay all premium when due. You will pay the premium even if part or all of a workers compensation law is not valid. The billing statement or invoice for audit additional premiums and/or retrospective additional premiums establishes the date that the premium is due.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective 06/30/2015

Policy No. WCP500069701GIC

Endorsement No.

Insured CountryWide Staffing Solutions Group, Inc.

Premium INCL

Insurance Company Guarantee Insurance Company

Countersigned by _____

WC 42 04 07
(Ed.3-02)

**WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE
LARGE DEDUCTIBLE ENDORSEMENT
ALAE INCLUDED IN DEDUCTIBLE LIMIT - TEXAS**

This Endorsement applies solely between you and us. It does not affect the rights of others.
The Workers Compensation And Employers Liability Policy to which this endorsement is attached is changed as follows.

I. Payment and Reimbursement Conditions

A. We will pay:

1. all benefits and costs payable under PART ONE WORKERS COMPENSATION INSURANCE; and
2. up to our limit of liability, all sums you legally must pay as damages and other costs to which PART TWO - EMPLOYERS LIABILITY applies; and
3. all benefits and costs payable under PART THREE - OTHER STATES INSURANCE; and
4. all benefits or damages and costs payable under any endorsements attached to the policy.

B. You will reimburse us promptly up to the applicable Deductible Limit shown in the Schedule for any amounts we have so paid.

C. You will further reimburse us promptly for the following

1. any "Allocated Loss Adjusting Expense" we pay, up to the amount by which the applicable Deductible Limit exceeds the amount you must reimburse us for benefits or damages we pay. Your obligation to reimburse us for "Allocated Loss Adjusting Expense" applies separately to "each accident" or, for bodily injury by disease, to each employee.

2. Claim Handling Expense is not subject to the Deductible Limit.

D. Deductible - Each Accident Limit.

The Deductible Limit - Each Accident stated in Item 1. of the Schedule is the most you must reimburse us for indemnity and medical benefits, damages and "Allocated Loss Adjusting Expense" combined for bodily injury by disease. Bodily Injury includes resulting death.

E. Aggregate Deductible Limit: Your Deductible Limit may be subject to an "Aggregate Deductible Limit". If no "Aggregate Deductible Limit" is shown in Item 2. of the Schedule, no "Aggregate Deductible Limit" applies:

1. The "Aggregate Deductible Limit" (if any) shown in the Schedule is an estimate. Subject to items 2 and 3 below, the final "Aggregate Deductible Limit" will be determined after this policy ends by using the actual, not the estimated "Aggregate Deductible Limit" Basis and the rate shown in the Schedule.

2. The final "Aggregate Deductible Limit" will not be reduced if this policy is issued for a term of less than one year, or if this policy is canceled by you before the end of the policy period for any reason except your retirement from business.

3. The final "Aggregate Deductible Limit" will be reduced prorata based on the time the policy was in force, if this policy is cancelled by us or if you retire from business before the end of the policy period.

4. The minimum aggregate cannot be less than the "Standard Premium".

F. No limit on the Company's liability under the policy or any endorsement is increased or reinstated by this endorsement or by any reimbursement to us under the terms of this endorsement.

II. General Conditions

A. Duties

1. The first Named Insured shown in the Information Page agrees and is authorized to reimburse us for any reimbursable amounts we pay on behalf of any Insured, and to deliver to us the collateral described in Section B below.

2. Each Named Insured is jointly and severally liable for all reimbursable amounts under this policy.

3. All other terms of the policy, including those under PART FOUR of the policy ("YOUR DUTIES IF INJURY OCCURS") and those which apply to our right and duty to defend any claim, proceeding or suit against you, and our duties if injury or disease occurs, apply without change on account of this endorsement.

B. Payment of Reimbursable Amounts and Delivery of Collateral

1. You must reimburse us upon receipt of an invoice from us up to the applicable Deductible Limit for the amounts that we pay as benefits or damages and for your share of the "Allocated Loss Adjusting Expense".

**WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE
LARGE DEDUCTIBLE ENDORSEMENT
ALAE INCLUDED IN DEDUCTIBLE LIMIT - TEXAS**

2. Collateral is required. You must deliver to us acceptable collateral prior to policy issuance. We will have a possessory security interest in any property you deliver to us to secure such obligations.

If at any time we find that we require increased collateral, you will provide us such an increase upon written notice by us to you.

3. If you fail to reimburse as required by this endorsement or if you fail to provide security in a form and amount acceptable to us we will, at our option, cancel this policy.

C. Recovery from others

We have your rights and the rights of persons entitled to the benefits of this insurance to recover all payments, including those within your reimbursement limit, from anyone liable for the injury. You will do everything necessary to protect those rights for us and to help us enforce them. If we recover any payment we made under this policy from anyone liable for the injury, the amount we recover will first be applied to any payments we made as benefits, damages and "Allocated Loss Adjusting Expenses" in excess of your reimbursement obligations, and to our expenses in obtaining the recovery. You, if any, will apply the remainder of the recovery, to reduce the amount that is reimbursable.

**D. Effect of Deductible on Employers
Limits of Liability**

The applicable limits of liability as respects Part Two (Employers Liability Insurance) are subject to reduction by the application of the Deductible amount(s) that apply to any claim or accident or disease covered by this policy. In the event of a claim, our obligation to pay is the amount available for benefits or damages that remains after the application of the specific Deductible amount. The payment of "Allocated Loss Adjusting Expense", will not affect the limits of liability.

III. Definitions

A. "Aggregate Deductible Limit" means the most you must reimburse us for all benefits and damages and including "Allocated Loss Adjusting Expenses" that we pay under this policy. Claims Handling Expense is not subject to the "Aggregate Deductible Limit".

B. "Allocated Loss Adjusting Expense" (ALAE) encompasses the following costs of a carrier that can be a directly allocated to a particular claim. Such expenses shall include, but not be limited to:

1. Fees of attorneys or other authorized representatives where permitted for legal services, whether by outside vendors or staff representatives;

2. Court, Alternate Dispute Resolution and other specific items of expense;

3. Medical cost containment expenses incurred with respect to a particular claim, whether by an outside vendor or done internally by a staff representative for the purpose of controlling losses, to ensure that only reasonable and necessary costs of services are paid;

4. Expenses that are not defined as losses and are directly related to and directly allocated to the handling of a particular claim for services that are required to be performed by statute or regulation.

C. "Claim" means each demand you receive for:

1. benefits required of you by the Workers' Compensation law, including a filing by your employee or by others legally entitled to do so on his or her behalf for such benefits with an agency authorized by law, and suit or other proceedings brought by your employee for such benefits or damages; or

2. damages covered by this policy.

D. "Standard Premium", if used as the Aggregate Limit Basis, means the premium for the policies described in the Schedule to which the "Aggregate Deductible Limit" applies, determined on the basis of authorized rates and bases of premium, applicable experience modification, and applicable schedule modification where such elements are approved for use. Standard Premium does not include the following items: Expense Constant; Premium Discount; any Surcharge; Credit or Discount for any Loss Reimbursement or Deductible Program; Retrospective Rating premium adjustment; or any other item where such elements are not approved for use.

**WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE
LARGE DEDUCTIBLE ENDORSEMENT
ALAE INCLUDED IN DEDUCTIBLE LIMIT - TEXAS**

SCHEDULE

1.	Deductible Limit	\$ 500,000.00 Bodily Injury each Accident or Bodily Injury by Disease. Bodily Injury includes resulting death.
2.	Aggregate Deductible Limit <i>This Limit cannot be less than the "Standard Premium". (If no entry, this option does not apply)</i>	This is currently not available.
	Aggregate Limit Adjustment Basis <i>(Rate entry indicates which base applies)</i>	Rate
a.	Standard Premium	~~This is currently not available.~~ % of Standard Premium
b.	Manual Premium	~~This is currently not available.~~ % of Manual Premium
c.	Payroll	~~This is currently not available.~~ per \$100 of payroll
3.	Claims Handling Expense Options <i>(If no entry, this option does not apply)</i>	Charge
a.	Reimbursed by you as a percentage charge for each Claim.	~~This is currently not available.~~ % charge per "Claim"
b.	Reimbursed by you as a charge for each "Claim".	~~This is currently not available.~~ charge per "Claim"
c.	Reimbursed by you as a flat charge for the policy	~~This is currently not available.~~ policy flat charge

TEXAS TERRORISM RISK INSURANCE PROGRAM REAUTHORIZATION ACT DISCLOSURE ENDORSEMENT

This endorsement addresses the requirements of the Terrorism Risk Insurance Act of 2002 as amended and extended by the Terrorism Risk Insurance Program Reauthorization Act of 2007. It serves to notify you of certain limitations under the Act, and that your insurance carrier is charging premium for losses that may occur in the event of an Act of Terrorism.

Your policy provides coverage for workers compensation losses caused by Acts of Terrorism, including workers compensation benefit obligations dictated by state law. Coverage for such losses is still subject to all terms, definitions, exclusions, and conditions in your policy, and any applicable federal and/or state laws, rules, or regulations.

Definitions

The definitions provided in this endorsement are based on and have the same meaning as the definitions in the Act. If words or phrases not defined in this endorsement are defined in the Act, the definitions in the Act will apply.

"Act" means the Terrorism Risk Insurance Act of 2002, which took effect on November 26, 2002, and any amendments thereto resulting from the Terrorism Risk Insurance Program Reauthorization Act of 2007.

"Act of Terrorism" means any act that is certified by the Secretary of the Treasury, in concurrence with the Secretary of State, and the Attorney General of the United States as meeting all of the following requirements:

- a. The act is an act of terrorism.
- b. The act is violent or dangerous to human life, property or infrastructure.
- c. The act resulted in damage within the United States, or outside of the United States in the case of the premises of United States missions or certain air carriers or vessels.
- d. The act has been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

"Insured Loss" means any loss resulting from an act of terrorism (and, except for Pennsylvania, including an act of war, in the case of workers compensation) that is covered by primary or excess property and casualty insurance issued by an insurer if the loss occurs in the United States or at the premises of United States missions or to certain air carriers or vessels.

"Insurer Deductible" means, for the period beginning on January 1, 2008, and ending on December 31, 2014, an amount equal to 20% of our direct earned premiums, over the calendar year immediately preceding the applicable Program Year.

"Program Year" refers to each calendar year between January 1, 2008 and December 31, 2014, as applicable.

Limitation of Liability

The Act limits our liability to you under this policy. If aggregate Insured Losses exceed \$100,000,000,000 in a Program Year and if we have met our Insurer Deductible, we are not liable for the payment of any portion of the amount of Insured Losses that exceeds \$100,000,000,000; and for aggregate Insured Losses up to \$100,000,000,000, we will pay only a pro rata share of such Insured Losses as determined by the Secretary of the Treasury.

Policyholder Disclosure Notice

1. Insured Losses would be partially reimbursed by the United States Government. If the aggregate industry Insured Losses exceed \$100,000,000 in a Program Year, the United States Government would pay 85% of our Insured Losses that exceed our Insurer Deductible.
2. Notwithstanding item 1 above, the United States Government will not make any payment under the Act for any portion of Insured Losses that exceed \$100,000,000,000.
3. The premium charge for the coverage your policy provides for Insured Losses is included in the amount shown in Item 4 of the information Page or in the Schedule below.

Schedule

State	Rate	Premium
AL	0.0200	256.0000
DE	0.0200	5536.0000
FL	0.0200	2047.0000
GA	0.0200	387.0000
ID	0.0200	537.0000
IN	0.0200	30.0000
KY	0.0200	12.0000
MD	0.0500	335.0000
ME	0.0100	1.0000
MO	0.0200	0.0000
NC	0.0100	702.0000
OR	0.0200	76.0000
SC	0.0200	531.0000
TN	0.0200	490.0000
TX	0.0240	1119.0000
VA	0.0400	109.0000
WV	0.0100	168.0000

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective 06/30/2015 Policy No. WCP500069701GIC
Insured CountryWide Staffing Solutions Group, Inc.

Endorsement No.
Premium INCL

Insurance Company Guarantee Insurance Company

Countersigned by _____

WC 99 04 22 A
(Ed. 9-08)

Page 3 of 2

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NORTH CAROLINA AMENDED COVERAGE ENDORSEMENT

This endorsement applies only to the insurance provided by the policy because North Carolina is shown in Item 3.A. of the Information Page.

The Cancellation Condition of the policy is replaced by this Condition:

D. Cancellation and Nonrenewal

1. You may cancel this policy.

If you cancel this policy, you must mail or deliver advance written notice to us stating when the cancellation is to take effect.

2. We may cancel this policy.

(a) If this policy has been in effect for fewer than 60 days and is not a renewal policy, we may cancel this policy for any reason by giving you at least 30 days prior written notice of cancellation and the reasons for cancellation by registered or certified mail, return receipt requested.

(b) If this policy has been in effect for at least 60 days or is a renewal policy, we may not cancel this policy without your prior written consent, except for any one of the following reasons:

- (1) Nonpayment of premium in accordance with the policy terms.
- (2) An act or omission by you or your representative that constitutes material misrepresentation or nondisclosure of a material fact in obtaining the policy, continuing the policy, or presenting a claim under the policy.
- (3) Increased hazard or material change in the risk assumed that could not have been reasonably contemplated by you and us at the time of assumption of the risk.
- (4) Substantial breach of contractual duties, conditions, or warranties that materially affects the insurability of the risk.
- (5) A fraudulent act against us by you or your representative that materially affects the insurability of the risk.
- (6) Willful failure by you or your representative to institute reasonable loss control measures that materially affect the insurability of the risk after written notice by us.
- (7) Loss of facultative reinsurance or loss of or substantial changes in applicable reinsurance as provided in G.S. 58-41-30.
- (8) Your conviction of a crime arising out of acts that materially affect the insurability of the risk.
- (9) A determination by the Commissioner that the continuation of this policy would place us in violation of the laws of North Carolina.
- (10) You fail to meet the requirements contained in our corporate charter, articles of incorporation, or bylaws, when we are a company organized for the sole purpose of providing members of an organization with insurance coverage in North Carolina.

(c) If we cancel for any of the reasons listed in paragraph (b), we must provide you with at least 15 days prior written notice of cancellation stating the precise reason for cancellation. We may provide this notice by registered or certified mail, return receipt requested, to you and any other person designated in the policy to receive notice of cancellation at the addresses shown in the policy or, if not indicated in the policy, at the last known addresses. Whenever notice of cancellation is given by registered or certified mail, cancellation will not be effective unless and until that method is employed and completed. Notice of cancellation may also be given by any method permitted for service of process pursuant to Rule 4 of the North Carolina Rules of Civil Procedure. Failure to send notice as provided in this paragraph to any other person designated in the policy to receive notice of cancellation invalidates the cancellation only as to that other person's interest.

(d) Cancellation for nonpayment of premium is not effective if the amount due is paid before the effective date stated in the notice of cancellation.

3. We may refuse to renew this policy:

- (a) If this policy is for a term of one year or less, we must provide you with notice of nonrenewal at least 45 days prior to the expiration date of the policy.
- (b) If this policy is for a term of more than one year or for an indefinite term, then to nonrenew the policy at the policy anniversary date we must provide you with notice of nonrenewal at least 45 days prior to the anniversary date of the policy.
- (c) The notice of nonrenewal must state the precise reason for nonrenewal. Failure to send this notice, as provided in paragraphs 3 and 5, to any other person designated in the policy to receive this notice invalidates the nonrenewal only as to that other person's interest.

WC 32 03 01 C

(Ed. 01-14)

1 of 2

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- (d) Any nonrenewal attempted or made that is not in compliance with paragraphs (a), (b) and (c) is not effective. Paragraphs (a), (b) and (c) do not apply if you have obtained insurance elsewhere, have accepted replacement coverage, or have requested or agreed to nonrenewal.
4. Whenever we lower coverage limits, raise deductibles, or raise premium rates for reasons within our exclusive control and other than at your request, we will mail you written notice of the change at least 30 days in advance of the effective date of the change. As used in this paragraph, the phrase, "reasons within our exclusive control" does not mean experience modification changes, exposure changes, or loss cost rate changes.
 5. We must provide the notice required by paragraphs 3 and 4 by mail to you and any other person designated in the policy to receive this notice at the addresses shown in the policy or, if not indicated in the policy, at the last known addresses. Mailing copies of the notice by regular first-class mail satisfies the notice requirements of paragraphs 3, 4 and 5.
 6. We will also send copies of the notice required by this endorsement to the agent or broker of record, though failure to send copies of the notice to the agent or broker of record will not invalidate a cancellation or nonrenewal. Mailing copies of the notice by regular first-class mail to the agent or broker of record satisfies the requirements of this paragraph. Notice of nonrenewal may also be given by any method permitted for service of process pursuant to Rule 4 of the North Carolina Rules of Civil Procedure.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective: 06/30/2015

Policy No.: WCP500069701GIC

Endorsement No.:

Insured: CountryWide Staffing Solutions Group, Inc.

Premium: INCL

Insurance Company: Guarantee Insurance Company

Countersigned by: _____

WC 32 03 01 C

(Ed. 01-14)

Page 2 of 2

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MARYLAND NOTIFICATION OF 45-DAY UNDERWRITING PERIOD ENDORSEMENT

This endorsement applies only to the insurance provided by the policy because Maryland is shown in Item 3.A. of the Information Page.

1. Your policy is subject to a 45-day underwriting period beginning on the effective date of coverage. In accordance with Md. Code Ann. Ins. §12-106, if we discover a material risk factor during the underwriting period, we may:
 - a. Cancel this policy during the underwriting period if you do not meet our underwriting standards; or
 - b. Recalculate your premium from the effective date of the policy if you meet our underwriting standards.A material risk factor means a risk factor that:
 - Was incorrectly recorded or not disclosed by the insured in an application for insurance;
 - Was in existence on the date of the application; and
 - Modifies estimated annual premium charged on the policy in accordance with the rates and supplementary rating information filed by the carrierA material risk factor does not include:
 - Information that constitutes a material misrepresentation; or
 - A change initiated by an insured, including any request by the insured that results in a change in coverage, change in deductible, or other change to a policy.
2. If we recalculate your premium because we discovered a material risk factor during the underwriting period, we will provide to you, by certificate of mailing or by delivery of electronic means in accordance with Md. Code Ann. Ins. §27-601.2, written notice of the following information by no later than the end of the underwriting period:
 - a. The amount of the recalculated premium;
 - b. The reason for the increase or reduction in the premium; and
 - c. Your right to cancel this policy and receive a pro rata refund of any premium paid by notifying us of the cancellation.
3. If you cancel this policy following receipt of a notice of recalculated premium, you will receive a pro rata refund of any premium paid, regardless of whether your policy is a retrospectively rated policy.
4. Nothing in this endorsement prohibits us from conducting an audit in accordance with the provisions of your policy or charging and collecting the final premium based on the results of the audit.
5. This endorsement does not apply if your policy is a renewal policy.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective 06/30/2015

Policy No. WCP500069701GIC

Endorsement No.

Insured CountryWide Staffing Solutions Group, Inc.

Premium INCL

Insurance Company Guarantee Insurance Company

Countersigned by _____

WC 19 06 02
(Ed. 1-14)

FLORIDA NOTICE OF PENDING LAW CHANGE TO TERRORISM RISK INSURANCE PROGRAM REAUTHORIZATION ACT OF 2007

This notice is being sent to you with respect to your workers compensation and employers liability insurance policy. This notice does not replace the separate Florida Terrorism Risk Insurance Program Reauthorization Act Endorsement (WC 09 04 03 A) that is attached to your current policy and which remains in effect as applicable.

The Terrorism Risk Insurance Act of 2002 (TRIA) as previously amended and extended by the Terrorism Risk Insurance Program Reauthorization Act of 2007 (TRIPRA), provides for a program under which the federal government will share in the payment of insured losses caused by certain acts of terrorism. In the absence of affirmative US Congressional action to extend, update, or otherwise reauthorize TRIPRA, in whole or in part, TRIPRA is scheduled to expire December 31, 2014.

Since the timetable for any further Congressional action respecting TRIPRA is unknown at this time, and exposure to acts of terrorism remains, we are providing our policyholders with relevant information concerning their workers compensation policies in effect on or after January 1, 2014 in the event of TRIPRA's expiration.

Your policy provides coverage for workers compensation losses caused by acts of terrorism or war, including workers compensation benefit obligations dictated by state law. Coverage for such losses is still subject to all terms, definitions, exclusions, and conditions in your policy.

The premium charge for the coverage your policy provides for terrorism or war losses is shown in Item 4 of the Information Page or the Schedule in the Florida Terrorism Risk Insurance Program Reauthorization Act Endorsement (WC 09 04 03 A) that is attached to your policy, and this amount may continue or change for new, renewal, and in-force policies in effect on or after December 31, 2014 in the event of TRIPRA's expiration, subject to regulatory review in accordance with applicable state law.

You need not do anything further at this time.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective 06/30/2015 Policy No. WCP500069701GIC
Insured CountryWide Staffing Solutions Group, Inc.

Endorsement No.
Premium: INCL

Insurance Company Guarantee Insurance Company

Countersigned by _____

WC 09 01 01
(Ed. 1-14)

FLORIDA NON-COOPERATION WITH PREMIUM AUDIT ENDORSEMENT

This endorsement applies only to the insurance provided by the policy because Florida is shown in Item 3.A. of the Information Page.

This endorsement adds the following provisions to Part Five—Premium, G. Audit, of the policy:

We are required to complete the premium audit process no later than 90 days after policy termination. If you fail to return voluntary audit requests or refuse to cooperate in completing a final physical audit, you must pay a premium to us not to exceed three times the most recent estimated annual premium on this policy subject to the following conditions:

1. We make two good faith efforts to obtain the voluntary audit report or complete the physical audit.
2. We document the audit file regarding the above attempts to obtain the required audit information.
3. After the two good faith attempts to obtain records, we send a letter by certified mail to you advising you of the specific records that are required and the premium that will be charged if you continue to refuse access to the records.

If you do not provide all of the specific records required and if we satisfy the conditions above on or before 90 days from the date of policy termination, we may continue to try and conduct the audit and/or re-open the audit for up to three years from the date of policy termination. Alternatively, we may immediately bill you a premium not to exceed three times the most recent estimated annual premium on this policy. If you provide all of the specific records required to complete the premium audit process within the three year period, we will determine your final premium in accordance with Part Five—Premium, E. Final Premium of the policy.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(This endorsement does not apply to policies written under workers compensation retrospective rating plans.)
(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective 06/30/2015 Policy No. WCP500069701GIC
Insured CountryWide Staffing Solutions Group, Inc.

Endorsement No.
Premium INCL

Insurance Company Guarantee Insurance Company

Countersigned by _____

WC 09 04 07
(Ed. 7-13)

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**WORKERS' COMPENSATION AND
EMPLOYERS LIABILITY INSURANCE POLICY**

GUARANTEE INSURANCE COMPANY
A Stock Company

FORT LAUDERDALE, FLORIDA
401 E. Las Olas Boulevard, Suite 1540
Fort Lauderdale, Florida 33301

THESE POLICY PROVISIONS WITH THE INFORMATION PAGE AND ENDORSEMENTS,
IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THIS POLICY.

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY QUICK REFERENCE

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IMPORTANT: This Quick Reference is not part of the Workers Compensation and Employers Liability Insurance Policy and does not provide coverage. Refer to the Workers Compensation and Employers Liability Insurance Policy itself for actual contractual provisions.

PLEASE READ THE POLICY CAREFULLY

FLORIDA TERRORISM RISK INSURANCE PROGRAM REAUTHORIZATION ACT ENDORSEMENT

This endorsement addresses the requirements of the Terrorism Risk Insurance Act of 2002 as amended and extended by the Terrorism Risk Insurance Program Reauthorization Act of 2015.

Definitions

The definitions provided in this endorsement are based on and have the same meaning as the definitions in the Act. If words or phrases not defined in this endorsement are defined in the Act, the definitions in the Act will apply.

1. "Act" means the Terrorism Risk Insurance Act of 2002, which took effect on November 26, 2002, and any amendments thereto, including any amendments resulting from the Terrorism Risk Insurance Program Reauthorization Act of 2015.
2. "Act of Terrorism" means any act that is certified by the Secretary of the Treasury, in consultation with the Secretary of Homeland Security, and the Attorney General of the United States as meeting all of the following requirements:
 - a. The act is an act of terrorism.
 - b. The act is violent or dangerous to human life, property or infrastructure.
 - c. The act resulted in damage within the United States, or outside of the United States in the case of the premises of United States missions or certain air carriers or vessels.
 - d. The act has been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.
3. "Insured Loss" means any loss resulting from an act of terrorism (and, except for Pennsylvania, including an act of war, in the case of workers compensation) that is covered by primary or excess property and casualty insurance issued by an insurer if the loss occurs in the United States or at the premises of United States missions or to certain air carriers or vessels.
4. "Insurer Deductible" means, for the period beginning on January 1, 2015, and ending on December 31, 2020, an amount equal to 20% of our direct earned premiums, during the immediately preceding calendar year.

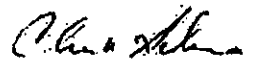
Limitation of Liability

The Act limits our liability to you under this policy. If aggregate Insured Losses exceed \$100,000,000,000 in a calendar year and if we have met our Insurer Deductible, we are not liable for the payment of any portion of the amount of Insured Losses that exceeds \$100,000,000,000; and for aggregate Insured Losses up to \$100,000,000,000, we will pay only a pro rata share of such Insured Losses as determined by the Secretary of the Treasury.

Policyholder Disclosure Notice

1. Insured Losses would be partially reimbursed by the United States Government. If the aggregate industry Insured Losses exceed:
 - a. \$100,000,000, with respect to such Insured Losses occurring in calendar year 2015, the United States Government would pay 85% of our Insured Losses that exceed our Insurer Deductible.
 - b. \$120,000,000, with respect to such Insured Losses occurring in calendar year 2016, the United States Government would pay 84% of our Insured Losses that exceed our Insurer Deductible.
 - c. \$140,000,000, with respect to such Insured Losses occurring in calendar year 2017, the United States Government would pay 83% of our Insured Losses that exceed our Insurer Deductible.
 - d. \$160,000,000, with respect to such Insured Losses occurring in calendar year 2018, the United States Government would pay 82% of our Insured Losses that exceed our Insurer Deductible.
 - e. \$180,000,000, with respect to such Insured Losses occurring in calendar year 2019, the United States Government would pay 81% of our Insured Losses that exceed our Insurer Deductible.
 - f. \$200,000,000, with respect to such Insured Losses occurring in calendar year 2020, the United States Government would pay 80% of our Insured Losses that exceed our Insurer Deductible.

In Witness Whereof, we have caused this policy to be executed and attested, and, if required by state law, this policy shall not be valid unless countersigned by our authorized representative.



Charles Schuver, President



Gary Roche, Secretary

2. Notwithstanding item 1 above, the United States Government will not make any payment under the Act for any portion of Insured Losses that exceed \$100,000,000,000.
3. The premium charge for the coverage your policy provides for Insured Losses is included in the amount shown in Item 4 of the Information Page or in the Schedule below.

Schedule

Rate per \$100 of Remuneration 0.02

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective	06/30/2015	Policy No.	WCP500069701GIC	Endorsement No.
Insured	CountryWide Staffing Solutions Group, Inc.			Premium INCL
Insurance Company	Guarantee Insurance Company	Countersigned by		

WC 09 04 03 B

(Ed. 1-15)

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CATASTROPHE (OTHER THAN CERTIFIED ACTS OF TERRORISM) PREMIUM ENDORSEMENT

This endorsement is notification that your insurance carrier is charging premium to cover the losses that may occur in the event of a Catastrophe (other than Certified Acts of Terrorism) as that term is defined below. Your policy provides coverage for workers compensation losses caused by a Catastrophe (other than Certified Acts of Terrorism). This premium charge does not provide funding for Certified Acts of Terrorism contemplated under the Terrorism Risk Insurance Program Reauthorization Act Disclosure Endorsement (WC 00 04 22 B), attached to this policy.

For purposes of this endorsement, the following definitions apply:

- **Catastrophe (other than Certified Acts of Terrorism):** Any single event, resulting from an Earthquake, Noncertified Act of Terrorism, or Catastrophic Industrial Accident, which results in aggregate workers compensation losses in excess of \$50 million.
- **Earthquake:** The shaking and vibration at the surface of the earth resulting from underground movement along a fault plane or from volcanic activity.
- **Noncertified Act of Terrorism:** An event that is not certified as an Act of Terrorism by the Secretary of Treasury pursuant to the Terrorism Risk Insurance Act of 2002 (as amended) but that meets all of the following criteria:
 - a. It is an act that is violent or dangerous to human life, property, or infrastructure;
 - b. The act results in damage within the United States, or outside of the United States in the case of the premises of United States missions or air carriers or vessels as those terms are defined in the Terrorism Risk Insurance Act of 2002 (as amended); and
 - c. It is an act that has been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.
- **Catastrophic Industrial Accident:** A chemical release, large explosion, or small blast that is localized in nature and affects workers in a small perimeter the size of a building.

The premium charge for the coverage your policy provides for workers compensation losses caused by a Catastrophe (other than Certified Acts of Terrorism) is shown in Item 4 of the Information Page or in the Schedule below.

Schedule

State	Rate	Premium
DE	0.0200	\$5,536.00
GA	0.0200	\$387.00
ID	0.0100	\$269.00
IN	0.0100	\$15.00
KY	0.0200	\$12.00
MD	0.0200	\$134.00
ME	0.0100	\$1.00
NC	0.0100	\$702.00
OR	0.0200	\$76.00
SC	0.0200	\$531.00
TN	0.0300	\$735.00
WV	0.0100	\$168.00

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective 06/30/2015

Policy No.
WCP500069701GIC

Endorsement No.

Insured CountryWide Staffing Solutions Group, Inc.

Premium: INCL

Insurance Company Guarantee Insurance
Company

Countersigned by

WC 00 04 21 D
(Ed 1-15)

TERRORISM RISK INSURANCE PROGRAM REAUTHORIZATION ACT DISCLOSURE ENDORSEMENT

This endorsement addresses the requirements of the Terrorism Risk Insurance Act of 2002 as amended and extended by the Terrorism Risk Insurance Program Reauthorization Act of 2015. It serves to notify you of certain limitations under the Act, and that your insurance carrier is charging premium for losses that may occur in the event of an Act of Terrorism.

Your policy provides coverage for workers compensation losses caused by Acts of Terrorism, including workers compensation benefit obligations dictated by state law. Coverage for such losses is still subject to all terms, definitions, exclusions, and conditions in your policy, and any applicable federal and/or state laws, rules, or regulations.

Definitions

The definitions provided in this endorsement are based on and have the same meaning as the definitions in the Act. If words or phrases not defined in this endorsement are defined in the Act, the definitions in the Act will apply.

"Act" means the Terrorism Risk Insurance Act of 2002, which took effect on November 26, 2002, and any amendments thereto, including any amendments resulting from the Terrorism Risk Insurance Program Reauthorization Act of 2015.

"Act of Terrorism" means any act that is certified by the Secretary of the Treasury, in consultation with the Secretary of Homeland Security, and the Attorney General of the United States as meeting all of the following requirements:

- a. The act is an act of terrorism.
- b. The act is violent or dangerous to human life, property or infrastructure.
- c. The act resulted in damage within the United States, or outside of the United States in the case of the premises of United States missions or certain air carriers or vessels.
- d. The act has been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

"Insured Loss" means any loss resulting from an act of terrorism (and, except for Pennsylvania, including an act of war, in the case of workers compensation) that is covered by primary or excess property and casualty insurance issued by an insurer if the loss occurs in the United States or at the premises of United States missions or to certain air carriers or vessels.

"Insurer Deductible" means, for the period beginning on January 1, 2015, and ending on December 31, 2020, an amount equal to 20% of our direct earned premiums, during the immediately preceding calendar year.

Limitation of Liability

The Act limits our liability to you under this policy. If aggregate Insured Losses exceed \$100,000,000,000 in a calendar year and if we have met our Insurer Deductible, we are not liable for the payment of any portion of the amount of Insured Losses that exceeds \$100,000,000,000; and for aggregate Insured Losses up to \$100,000,000,000, we will pay only a pro rata share of such Insured Losses as determined by the Secretary of the Treasury.

Policyholder Disclosure Notice

1. Insured Losses would be partially reimbursed by the United States Government, if the aggregate industry Insured Losses exceed:
 - a. \$100,000,000, with respect to such Insured Losses occurring in calendar year 2015, the United States Government would pay 85% of our Insured Losses that exceed our Insurer Deductible.
 - b. \$120,000,000, with respect to such Insured Losses occurring in calendar year 2016, the United States Government would pay 84% of our Insured Losses that exceed our Insurer Deductible.
 - c. \$140,000,000, with respect to such Insured Losses occurring in calendar year 2017, the United States Government would pay 83% of our Insured Losses that exceed our Insurer Deductible.
 - d. \$160,000,000, with respect to such Insured Losses occurring in calendar year 2018, the United States Government would pay 82% of our Insured Losses that exceed our Insurer Deductible.
 - e. \$180,000,000, with respect to such Insured Losses occurring in calendar year 2019, the United States Government would pay 81% of our Insured Losses that exceed our Insurer Deductible.
 - f. \$200,000,000, with respect to such Insured Losses occurring in calendar year 2020, the United States Government would pay 80% of our Insured Losses that exceed our Insurer Deductible.

WC 00 04 22 B

(Ed. 1-15)

Page 1 of 2

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2. Notwithstanding item 1 above, the United States Government will not make any payment under the Act for any portion of Insured Losses that exceed \$100,000,000,000.
3. The premium charge for the coverage your policy provides for Insured Losses is included in the amount shown in Item 4 of the Information Page or in the Schedule below.

Schedule

State	Rate	Premium
AL	0.0200	\$256.00
DE	0.0200	\$5,536.00
FL	0.0200	\$2,047.00
GA	0.0200	\$387.00
ID	0.0200	\$537.00
IN	0.0200	\$30.00
KY	0.0200	\$12.00
MD	0.0500	\$335.00
ME	0.0100	\$1.00
MO	0.0200	0.00
NC	0.0100	\$702.00
OR	0.0200	\$76.00
SC	0.0200	\$531.00
TN	0.0200	\$490.00
TX	0.0240	\$1,119.00
VA	0.0400	\$109.00
WV	0.0100	\$168.00

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective 06/30/2015

Policy No
WCP500069701GIC

Endorsement No.

Insured CountryWide Staffing Solutions Group, Inc.

Premium INCL

Insurance Company Guarantee Insurance
Company

Countersigned by

WC 00 04 22 B

(Ed. 1-15)

Page 2 of 2

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ENDORSEMENT

Date Prepared: 07/30/2015 FEIN: 47-2521516
Underwriting Company: Guarantee Insurance Company Carrier#: 20850
Name of Insured: CountryWide Staffing Solutions Group, Inc.

Insured Address: 707 Mendham Boulevard, Suite 201
Orlando, FL, 32825

Policy #: WCP500089701GIC
Policy Period: 06/30/2015 - 06/30/2016
Effective Date: 06/30/2015

INTENT OF ENDORSEMENT

Endorse to correct/update addresses; effective 06/30/2015

X

POLICY INFORMATION PAGE ENDORSEMENT

The following item(s)

☐ Insured's Name (WC 89 06 01)	☐ Item 3.B. Limits (WC 89 06 12)
☐ Policy Number (WC 89 06 02)	☐ Item 3.C. States (WC 89 06 13)
☐ Effective Date (WC 89 06 03)	☒ Item 3.D. Endorsement Numbers (WC 89 06 14)
☐ Expiration Date (WC 89 06 04)	☒ Item 4.* Class, Rate, Other (WC 89 04 15)
☐ Insured's Mailing Address (WC 89 06 05)	☒ Interim Adjustment of Premium (WC 89 04 16)
☐ Experience Modification (WC 89 04 06)	☐ Carrier Servicing Office (WC 89 06 17)
☐ Producer's Name (WC 89 06 07)	☐ Interstate/Intrastate Risk ID Number (WC 89 06 18)
☐ Change in Workplace of Insured (WC 89 06 08)	☐ Carrier Number (WC 89 06 19)
☐ Insured's Legal Status (WC 89 06 10)	☐ Issuing Agency/Producer Office Address (WC 89 06 25)
☐ Item 3.A. States (WC 89 06 11)	
- is changed to read:

All other terms and conditions of this policy remain unchanged.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective 06/30/2015

Policy No. WCP500069701 GIC

Endorsement No.

Insured CountryWide Staffing Solutions Group, Inc.

Premium INCL

Insurance Company Guarantee Insurance Company

Countersigned by _____

WC 89 06 00B
(Ed. 7-01)

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WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY
EXTENSION OF INFORMATION PAGE

Name and address of Insured
CountryWide Staffing Solutions Group, Inc.
707 Mendham Boulevard, Suite 201
Orlando, FL, 32825

Policy Number
WCP500069701GIC
Effective Date
06/30/2015

Item 1. Schedule of Named Insured and Locations

Locations:
CountryWide Staffing Solutions Group, Inc.
CountryWide Staffing Solutions Group, Inc.

FEIN #:
472521516

100 Main Street,
Arvada, CO, 80001

2 Employee Leasing Policy for Leased Workers of Multiple Client Companies

CountryWide Staffing Solutions Group, Inc.
CountryWide Staffing Solutions Group, Inc.

472521516

3709 Lakeside Dr,
Mobile, AL, 36693

2 Employee Leasing Policy for Leased Workers of Multiple Client Companies

CountryWide Staffing Solutions Group, Inc.
CountryWide Staffing Solutions Group, Inc.

472521516

2203 N Dupont Highway,
New Castle, DE, 19720

2 Employee Leasing Policy for Leased Workers of Multiple Client Companies

CountryWide Staffing Solutions Group, Inc.
CountryWide Staffing Solutions Group, Inc.

472521516

**707 Mendham Blvd.,
Orlando, FL 32825**

2 Employee Leasing Policy for Leased Workers of Multiple Client Companies

CountryWide Staffing Solutions Group, Inc.
CountryWide Staffing Solutions Group, Inc.

472521516

8145 Troon Circle,
Austell, GA, 30168

2 Employee Leasing Policy for Leased Workers of Multiple Client Companies

CountryWide Staffing Solutions Group, Inc.
CountryWide Staffing Solutions Group, Inc.

472521516

1655 Falview Ave.,
Boise, ID. 83702

2 Employee Leasing Policy for Leased Workers of Multiple Client Companies

WC 00 00 01 A
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CountryWide Staffing Solutions Group, Inc.
CountryWide Staffing Solutions Group, Inc.

472521516

5000 W 25th Street,
Indianapolis, IN, 46224

2 Employee Leasing Policy for Leased Workers of Multiple Client Companies

CountryWide Staffing Solutions Group, Inc.
CountryWide Staffing Solutions Group, Inc.

472521516

423 Fairman Court,
Lexington, KY, 40511

2 Employee Leasing Policy for Leased Workers of Multiple Client Companies

CountryWide Staffing Solutions Group, Inc.
CountryWide Staffing Solutions Group, Inc.

472521516

7210 Preston Gateway,
Hanover, MD, 21076

2 Employee Leasing Policy for Leased Workers of Multiple Client Companies

CountryWide Staffing Solutions Group, Inc.
CountryWide Staffing Solutions Group, Inc.

472521516

100 Main Street,
Berwick, ME, 03901

2 Employee Leasing Policy for Leased Workers of Multiple Client Companies

State Unemployment#: 4725215

CountryWide Staffing Solutions Group, Inc.
CountryWide Staffing Solutions Group, Inc.

472521516

5881 W Warren Avenue,
Detroit, MI, 48210

2 Employee Leasing Policy for Leased Workers of Multiple Client Companies

CountryWide Staffing Solutions Group, Inc.
CountryWide Staffing Solutions Group, Inc.

472521516

10816 Highway 21,
Hillsboro, MO, 63050

2 Employee Leasing Policy for Leased Workers of Multiple Client Companies

CountryWide Staffing Solutions Group, Inc.
CountryWide Staffing Solutions Group, Inc.

472521516

100 Main Street,
Abbeville, MS, 38601

2 Employee Leasing Policy for Leased Workers of Multiple Client Companies

WC 00 00 01 A
(Ed. 1-15)

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CountryWide Staffing Solutions Group, Inc. 472521516
CountryWide Staffing Solutions Group, Inc.

6401 Carmel Road Ste 207,
Charlotte, NC, 28226

2 Employee Leasing Policy for Leased Workers of Multiple Client Companies

CountryWide Staffing Solutions Group, Inc. 472521516
CountryWide Staffing Solutions Group, Inc.

600 N May Avenue,
Oklahoma City, OK, 73107

2 Employee Leasing Policy for Leased Workers of Multiple Client Companies

CountryWide Staffing Solutions Group, Inc. 472521516
CountryWide Staffing Solutions Group, Inc.

1721 White Horse Road,
Greenville, SC, 29605

2 Employee Leasing Policy for Leased Workers of Multiple Client Companies

CountryWide Staffing Solutions Group, Inc. 472521516
CountryWide Staffing Solutions Group, Inc.

1635 Oak Street,
Eugene, OR, 97401

2 Employee Leasing Policy for Leased Workers of Multiple Client Companies

CountryWide Staffing Solutions Group, Inc. 472521516
CountryWide Staffing Solutions Group, Inc.

135 Fox Road,
Knoxville, TN, 37922

2 Employee Leasing Policy for Leased Workers of Multiple Client Companies

CountryWide Staffing Solutions Group, Inc. 472521516
CountryWide Staffing Solutions Group, Inc.

6000 North Lamar Blvd, Suite 205,
Austin, TX, 78752

2 Employee Leasing Policy for Leased Workers of Multiple Client Companies

CountryWide Staffing Solutions Group, Inc. 472521516
CountryWide Staffing Solutions Group, Inc.

4530 Oakleys Lane,
Richmond, VA, 23231

2 Employee Leasing Policy for Leased Workers of Multiple Client Companies

CountryWide Staffing Solutions Group, Inc. 472521516
CountryWide Staffing Solutions Group, Inc.

4799 Kanawha Blvd East,

WC 00 00 01 A
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Charleston, WV, 25306

2 Employee Leasing Policy for Leased Workers of Multiple Client Companies

CountryWide Staffing Solutions Group, Inc.
CountryWide Staffing Solutions Group, Inc.

472521516

100 Main Street,
Clearwater, NE, 68726

2 Employee Leasing Policy for Leased Workers of Multiple Client Companies

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

EXTENSION OF INFORMATION PAGE

Name and address of Insured
CountryWide Staffing Solutions Group, Inc.
707 Mendham Boulevard, Suite 201
Orlando, FL, 32825

Policy Number
WCP500069701GIC
Effective Date
06/30/2015

Item 4. Schedule of Operations - ALABAMA				
Code No.	Classifications	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 Of Remuneration	Estimated Annual Premium
0005	FARM: NURSERY EMPLOYEES AND DR	2,079.00	4.29	89.00
2731	PLANING OR MOLDING MILL	32,724.00	5.12	1,675.00
3022	PIPE OR TUBE MFG. NOC AND DRIV	595,818.00	4.38	26,097.00
3400	METAL STAMPED GOODS MFG. NOC	15,598.00	4.72	738.00
3632	MACHINE SHOP NOC	203,819.00	5.28	10,762.00
4034	CONCRETE PRODUCTS MFG. AND DRI	25,302.00	10.00	2,530.00
5183	PLUMBING NOC AND DRIVERS	164,083.00	4.67	7,683.00
5190	ELECTRICAL WIRING-WITHIN BUIL	39,541.00	4.08	1,613.00
5221	CONCRETE OR CEMENT WORK-FLOOR	141,428.00	6.17	8,728.00
5479	INSULATION WORK NOC AND DRIVER	7,136.00	9.94	709.00
5537	HEATING VENTILATION AIR-COND	22,259.00	7.30	1,625.00
7380	DRIVERS CHAUFFERS MESSENGERS	1,273,710.00	7.19	91,580.00
7600	TELEPHONE OR TELEGRAPH CO.: AL	5,631.00	5.82	328.00
8018	STORE: WHOLESALE NOC	45,749.00	3.95	1,807.00
8292	STORAGE WAREHOUSE NOC	4,411.00	6.68	291.00
8500	METAL SCRAP DEALER AND DRIVERS	2,607.00	14.02	366.00
8810	CLERICAL OFFICE EMPLOYEES NOC	71,887.00	0.31	222.00
9014	JANITORIAL SERVICES BY CONTRAC	IF ANY	5.02	0.00
9015	BUILDINGS-OPERATION BY OWNER	26,877.00	8.20	1,668.00
9101	COLLEGE OR SCHOOL: ALL OTHER E	50,971.00	4.60	2,345.00
9402	STREET CLEANING AND DRIVERS	5,088.00	10.00	509.00
	MANUAL PREMIUM			161,299.00
	TOTAL MANUAL PREMIUM			161,299.00
9812	Employers Liability (E/L) Increased limits factor		1.4000	2,258.00
	SUBJECT PREMIUM			163,557.00
	TOTAL SUBJECT PREMIUM			163,557.00
	TOTAL MODIFIED PREMIUM			163,557.00
	TOTAL STANDARD PREMIUM			163,557.00
9663	Large Deductible Credit		60.0000	-98,134.00
	Total Product Premium			65,423.00
9740	Terrorism 0.0200			547.00
	TOTAL ESTIMATED ANNUAL PREMIUM			65,970.00
	TOTAL ANNUAL PREMIUM			65,970.00

Name and address of Insured
CountryWide Staffing Solutions Group, Inc.
707 Mendham Boulevard, Suite 201
Orlando, FL, 32825

Policy Number
WCP500069701GIC
Effective Date
06/30/2015

Item 4. SCHEDULE OF OPERATIONS - COLORADO				
Code No.	Classifications	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 Of Remuneration	Estimated Annual Premium
8810	CLERICAL OFFICE EMPLOYEES NOC	25,505.00	0.24	61.00
	MANUAL PREMIUM			61.00
	TOTAL MANUAL PREMIUM			61.00
9812	Employers Liability (E/L) Increased limits factor		1.1000	1.00
	SUBJECT PREMIUM			62.00
	TOTAL SUBJECT PREMIUM			62.00
	TOTAL MODIFIED PREMIUM			62.00
	TOTAL STANDARD PREMIUM			62.00
96630	Large Deductible Credit		60.0000	-37.00
	Total Product Premium			25.00
9740	Terrorism 0.0200			5.00
9741	Catastrophe (other than Certified Acts of Terrorism) 0.0200			5.00
	TOTAL ESTIMATED ANNUAL PREMIUM			35.00
	TOTAL ANNUAL PREMIUM			35.00

Name and address of Insured
CountryWide Staffing Solutions Group, Inc.
707 Mendham Boulevard, Suite 201
Orlando, FL, 32825

Policy Number
WCP500069701GIC
Effective Date
06/30/2015

Item 4.		SCHEDULE OF OPERATIONS - DELAWARE		
Code No.	Classifications	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 Of Remuneration	Estimated Annual Premium
0544	MANUFACTURING LIGHT INDUSTRIAL	2,204,426.00	12.85	283,269.00
0647	INSULATION WORK (8/1/08)	8,626.00	13.69	907.00
0682	EMPLOYMENT CONTRACTOR - CONSTR	3,559,532.00	30.78	1,095,655.00
0695	EMPLOYMENT CONTRACTOR - ELECTR	64,829.00	5.04	3,267.00
0889	EMPLOYMENT CONTRACTOR - CLERIC	581.00	0.37	2.00
0895	EMPLOYMENT CONTRACTOR - COLLEG	17,372,858.00	0.81	140,720.00
0929	TEMP LABOR - MERCANTILE	372,675.00	7.30	27,205.00
0937	EMPLOYMENT CONTRACTOR - HEAVY	83,293.00	16.12	13,427.00
0947	EMPLOYMENT CONTRACTOR - MAINT	2,811,598.00	10.51	295,499.00
0951	SALESMEN - OUTSIDE	181,307.00	0.78	1,258.00
0953	CLERICAL OFFICE	533,412.00	0.37	1,974.00
0971	BUILDINGS	512,219.00	6.19	31,706.00
	MANUAL PREMIUM			1,894,889.00
	TOTAL MANUAL PREMIUM			1,894,889.00
9812	Employers Liability (E/L) Increased limits Premium Charge		1,1000	20,844.00
	TOTAL SUBJECT PREMIUM			1,915,733.00
	TOTAL MODIFIED PREMIUM			1,915,733.00
9884	Merit Rating Neutral Adjustment			0.00
	TOTAL PREMIUM AFTER EXPERIENCE MODIFICATION OR MERIT RATING			1,915,733.00
	Total Premium Before Schedule Rating			1,915,733.00
	Total Premium After Credit or Debit factors			1,915,733.00
	TOTAL STANDARD PREMIUM			1,915,733.00
9863	Large Deductible Credit		60.0000	-1,149,440.00
	Total Product Premium			766,293.00
9740	Terrorism 0.0200			5,537.00
9741	Catastrophe (other than Certified Acts of Terrorism) 0.0200			5,537.00
	TOTAL ESTIMATED ANNUAL PREMIUM			777,367.00
	TOTAL ANNUAL PREMIUM			777,367.00

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Item 4. SCHEDULE OF OPERATIONS - FLORIDA				
Code No.	Classifications	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 Of Remuneration	Estimated Annual Premium
5183	PLUMBING NOC AND DRIVERS	69,031.00	5.46	3,769.00
5190	ELECTRICAL WIRING--WITHIN BUIL	28,288.00	5.92	1,675.00
5221	CONCRETE OR CEMENT WORK--FLOOR	75,388.00	6.25	4,712.00
6504	FOOD SUNDRIES MFG.--NOC--NO CE	339,073.00	4.26	14,445.00
6810	CLERICAL OFFICE EMPLOYEES NOC	1,316,061.00	0.25	3,290.00
9014	JANITORIAL SERVICES BY CONTRAC	310,282.00	4.95	15,359.00
9402	STREET CLEANING AND DRIVERS	29,257.00	9.32	2,727.00
	MANUAL PREMIUM			45,977.00
	TOTAL MANUAL PREMIUM			45,977.00
9812	Employers Liability (E/L) increased limits factor		1.4000	644.00
	SUBJECT PREMIUM			46,621.00
	TOTAL SUBJECT PREMIUM			46,621.00
	TOTAL MODIFIED PREMIUM			46,621.00
	TOTAL STANDARD PREMIUM			46,621.00
9663	Large Deductible Credit		60.0000	-27,973.00
	Total Product Premium			18,648.00
9740	Terrorism 0.0200			433.00
	TOTAL ESTIMATED ANNUAL PREMIUM			19,081.00
	TOTAL ANNUAL PREMIUM			19,081.00

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Item 4.		SCHEDULE OF OPERATIONS - GEORGIA		
Code No.	Classifications	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 Of Remuneration	Estimated Annual Premium
5221	CONCRETE OR CEMENT WORK--FLOOR	5,120.00	7.18	368.00
7380	DRIVERS CHAUFFERS MESSENGERS	1,770,972.00	7.18	127,156.00
8810	CLERICAL OFFICE EMPLOYEES NOC	77,428.00	0.25	194.00
9014	JANITORIAL SERVICES BY CONTRAC	49,596.00	6.16	3,055.00
9402	STREET CLEANING AND DRIVERS	116,346.00	7.50	8,726.00
	MANUAL PREMIUM			139,499.00
	TOTAL MANUAL PREMIUM			139,499.00
9812	Employers Liability (E/L) increased limits factor		1.1000	1,534.00
	SUBJECT PREMIUM			141,033.00
	TOTAL SUBJECT PREMIUM			141,033.00
	TOTAL MODIFIED PREMIUM			141,033.00
	TOTAL STANDARD PREMIUM			141,033.00
9863	Large Deductible Credit		60.0000	-84,620.00
	Total Product Premium			56,413.00
9740	Terrorism 0.0200			404.00
9741	Catastrophe (other than Certified Acts of Terrorism) 0.0200			404.00
	TOTAL ESTIMATED ANNUAL PREMIUM			57,221.00
	TOTAL ANNUAL PREMIUM			57,221.00

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Item 4. SCHEDULE OF OPERATIONS - IDAHO				
Code No.	Classifications	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 Of Remuneration	Estimated Annual Premium
8842	GROUP HOMES-ALL EMPLOYEES ANDAMP	2,665,943.00	4.11	110,392.00
	MANUAL PREMIUM			110,392.00
	TOTAL MANUAL PREMIUM			110,392.00
9812	Employers Liability (E/L) increased limits factor		1.1000	1,214.00
9863	Large Deductible Credit		60.0000	-66,235.00
	SUBJECT PREMIUM			45,371.00
	TOTAL SUBJECT PREMIUM			45,371.00
	TOTAL MODIFIED PREMIUM			45,371.00
	TOTAL STANDARD PREMIUM			45,371.00
9740	Terrorism 0.0200			537.00
9741	Catastrophe (other than Certified Acts of Terrorism) 0.0100			269.00
	TOTAL ESTIMATED ANNUAL PREMIUM			48,177.00
	TOTAL ANNUAL PREMIUM			48,177.00

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Item 4. SCHEDULE OF OPERATIONS - INDIANA				
Code No.	Classifications	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 Of Remuneration	Estimated Annual Premium
7228	TRUCKING - LOCAL HAULING ONLY	361,400.00	4.61	16,661.00
7380	DRIVERS CHAUFFEURS MESSENGER	369,000.00	3.51	12,952.00
8742	SALESPERSONS OR COLLECTORS-OUT	17,484.00	0.33	58.00
8810	CLERICAL OFFICE EMPLOYEES NOC	489,865.00	0.17	833.00
9402	STREET CLEANING AND DRIVERS	136,084.00	3.71	5,049.00
	MANUAL PREMIUM			35,553.00
	TOTAL MANUAL PREMIUM			35,553.00
9812	Employers Liability (E/L) increased limits factor		1.1000	391.00
	SUBJECT PREMIUM			35,944.00
	TOTAL SUBJECT PREMIUM			35,944.00
	TOTAL MODIFIED PREMIUM			35,944.00
	TOTAL STANDARD PREMIUM			35,944.00
9663	Large Deductible Credit		60.0000	-21,566.00
	Total Product Premium			14,378.00
0900	Expense Constant			250.00
9740	Terrorism 0.0200			275.00
9741	Catastrophe (other than Certified Acts of Terrorism)			137.00
	0.0100			
	TOTAL ESTIMATED ANNUAL PREMIUM			15,040.00
0935	Second Injury Fund Surcharge		0.8250	124.00
	TOTAL ANNUAL PREMIUM			15,164.00

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Item 4.		SCHEDULE OF OPERATIONS - KENTUCKY		
Code No.	Classifications	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 Of Remuneration	Estimated Annual Premium
7228	TRUCKING-LOCAL HAULING ONLY--	719,340.00	3.38	24,314.00
7229	TRUCKING-LONG-DISTANCE HAULIN	699,725.00	10.81	75,640.00
8810	CLERICAL OFFICE EMPLOYEES NOC	313,254.00	0.20	627.00
9015	BUILDINGS-OPERATION BY OWNER	108.00	4.35	5.00
	MANUAL PREMIUM			100,586.00
	TOTAL MANUAL PREMIUM			100,586.00
8812	Employers Liability (E/L) Increased limits factor		1.1000	1,108.00
	SUBJECT PREMIUM			101,692.00
	TOTAL SUBJECT PREMIUM			101,692.00
	TOTAL MODIFIED PREMIUM			101,692.00
	TOTAL STANDARD PREMIUM			101,692.00
9864	Large Deductible Credit		80.0000	-61,015.00
	Total Product Premium			40,677.00
9740	Terrorism 0.0200			346.00
9741	Catastrophe (other than Certified Acts of Terrorism) 0.0200			346.00
	TOTAL ESTIMATED ANNUAL PREMIUM			41,369.00
8681	Special Fund Assessment		6.1700	6,317.00
	TOTAL ANNUAL PREMIUM			47,686.00

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Item 4. SCHEDULE OF OPERATIONS - MAINE				
Code No.	Classifications	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 Of Remuneration	Estimated Annual Premium
9014	JANITORIAL SERVICES BY CONTRAC	7,892.00	3.53	279.00
	MANUAL PREMIUM			279.00
	TOTAL MANUAL PREMIUM			279.00
9812	Employers Liability (E/L) Increased limits factor		1.1000	3.00
	SUBJECT PREMIUM			282.00
	TOTAL SUBJECT PREMIUM			282.00
	TOTAL MODIFIED PREMIUM			282.00
	TOTAL STANDARD PREMIUM			282.00
9663	Large Deductible Credit		60.0000	-169.00
	Total Product Premium			113.00
9740	Terrorism 0.0100			1.00
9741	Catastrophe (other than Certified Acts of Terrorism) 0.0100			1.00
	TOTAL ESTIMATED ANNUAL PREMIUM			115.00
	WC Board Assessment Surcharge		2.8900	12.00
	TOTAL ANNUAL PREMIUM			127.00

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Item 4. SCHEDULE OF OPERATIONS - MARYLAND			
Code No.	Classifications	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 Of Remuneration
3632	MACHINE SHOP NOC	31,599.00	4.41
4611	DRUG MEDICINE OR PHARMACEUTIC	815.00	1.45
5146	FURNITURE OR FIXTURES INSTALLA	102,659.00	10.04
5183	PLUMBING NOC AND DRIVERS	3,456.00	8.25
5221	CONCRETE OR CEMENT WORK-FLOOR	8,316.00	7.89
5437	CARPENTRY-INSTALLATION OF CAB	30,996.00	12.86
8742	SALESPERSONS OR COLLECTORS-OU	36,088.00	0.47
8810	CLERICAL OFFICE EMPLOYEES NOC	147,373.00	0.22
9014	JANITORIAL SERVICES BY CONTRAC	704,918.00	4.12
9015	BUILDINGS-OPERATION BY OWNER	202,728.00	4.92
9402	STREET CLEANING AND DRIVERS	14,281.00	11.02
	MANUAL PREMIUM		
	TOTAL MANUAL PREMIUM		
9812	Employers Liability (E/L) Increased limits factor		1.1000
	SUBJECT PREMIUM		
	TOTAL SUBJECT PREMIUM		
	TOTAL MODIFIED PREMIUM		
	TOTAL STANDARD PREMIUM		
	Total Product Premium		
9740	Terrorism 0.0500		
9741	Catastrophe (other than Certified Acts of Terrorism)		
	0.0200		
	TOTAL ESTIMATED ANNUAL PREMIUM		
	TOTAL ANNUAL PREMIUM		

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Item 4. SCHEDULE OF OPERATIONS - MICHIGAN				
Code No.	Classifications	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 Of Remuneration	Estimated Annual Premium
9015	CARPET RUG OR UPHOLSTERY CLEA	28,581.00	4.00	1,143.00
9403	GARBAGE ASHES OR REFUSE COLLE	452,150.00	6.63	29,978.00
	MANUAL PREMIUM			31,121.00
	TOTAL MANUAL PREMIUM			31,121.00
9812	Employers Liability (E/L) increased limits factor		2.0000	622.00
	SUBJECT PREMIUM			31,743.00
	TOTAL SUBJECT PREMIUM			31,743.00
	TOTAL MODIFIED PREMIUM			31,743.00
	TOTAL STANDARD PREMIUM			31,743.00
	Total Product Premium			12,697.00
9740	Terrorism 0.0200			98.00
9741	Catastrophe (other than Certified Acts of Terrorism) 0.0100			48.00
	TOTAL ESTIMATED ANNUAL PREMIUM			12,841.00
	TOTAL ANNUAL PREMIUM			12,841.00

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Item 4.		SCHEDULE OF OPERATIONS - MISSISSIPPI		
Code No.	Classifications	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 Of Remuneration	Estimated Annual Premium
5537	HEATING VENTILATION AIR-COND	2,056.00	5.51	113.00
	MANUAL PREMIUM			113.00
	TOTAL MANUAL PREMIUM			113.00
9812	Employers Liability (E/L) increased limits factor		1.1000	1.00
	SUBJECT PREMIUM			114.00
	TOTAL SUBJECT PREMIUM			114.00
	TOTAL MODIFIED PREMIUM			114.00
	TOTAL STANDARD PREMIUM			114.00
9664	Large Deductible Credit		60.0000	-68.00
	Total Product Premium			46.00
	TOTAL ESTIMATED ANNUAL PREMIUM			46.00
	TOTAL ANNUAL PREMIUM			46.00

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Item 4.		SCHEDULE OF OPERATIONS - MISSOURI		
Code No.	Classifications	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 Of Remuneration	Estimated Annual Premium
5537	HEATING VENTILATION AIR-COND	1,312.00	6.14	81.00
7228	TRUCKING-LOCAL HAULING ONLY--	361,400.00	9.02	32,598.00
7229	TRUCKING--LONG-DISTANCE HAULIN	361,450.00	12.03	43,482.00
8370	TRUCKING: MECHANICS AND GARAGE	418,500.00	6.26	26,188.00
8810	CLERICAL OFFICE EMPLOYEES NOC	440,500.00	0.23	1,013.00
9014	JANITORIAL SERVICES BY CONTRAC	44,534.00	3.52	1,568.00
	MANUAL PREMIUM			104,940.00
	TOTAL MANUAL PREMIUM			104,940.00
9812	Employers Liability (E/L) increased limits factor		1.1000	1,154.00
	SUBJECT PREMIUM			106,094.00
	TOTAL SUBJECT PREMIUM			106,094.00
	TOTAL MODIFIED PREMIUM			106,094.00
	TOTAL STANDARD PREMIUM			106,094.00
9663	Large Deductible Credit		60.0000	-63,656.00
	Total Product Premium			42,438.00
9740	Terrorism 0.0200			320.00
	TOTAL ESTIMATED ANNUAL PREMIUM			42,764.00
9862	Second Injury Fund Surcharge		6.0000	6,385.00
9861	WC Administrative Surcharge		1.0000	1,064.00
	TOTAL ANNUAL PREMIUM			60,213.00

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Item 4.		SCHEDULE OF OPERATIONS - NEBRASKA		
Code No.	Classifications	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 Of Remuneration	Estimated Annual Premium
7229	TRUCKING--LONG-DISTANCE HAULIN	38,805.00	10.84	4,206.00
	MANUAL PREMIUM			4,206.00
	TOTAL MANUAL PREMIUM			4,206.00
9812	Employers Liability (E/L) Increased limits factor		1.1000	46.00
	SUBJECT PREMIUM			4,252.00
	TOTAL SUBJECT PREMIUM			4,252.00
	TOTAL MODIFIED PREMIUM			4,252.00
	TOTAL STANDARD PREMIUM			4,252.00
9663	Large Deductible Credit		60.0000	-2,551.00
	Total Product Premium			1,701.00
9740	Terrorism 0.0200			8.00
9741	Catastrophe (other than Certified Acts of Terrorism) 0.0200			8.00
	TOTAL ESTIMATED ANNUAL PREMIUM			1,717.00
	TOTAL ANNUAL PREMIUM			1,717.00

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Item 4.		SCHEDULE OF OPERATIONS - NORTH CAROLINA		
Code No.	Classifications	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 Of Remuneration	Estimated Annual Premium
5146	FURNITURE OR FIXTURES INSTALLA	56,142.00	8.86	4,974.00
5183	PLUMBING NOC AND DRIVERS	11,840.00	6.84	810.00
5190	ELECTRICAL WIRING-WITHIN BUIL	8,908.00	6.70	597.00
5221	CONCRETE OR CEMENT WORK-FLOOR	463,395.00	6.35	29,426.00
5535	SHEET METAL WORK-INSTALLATION	1,674.00	11.28	189.00
7380	DRIVERS CHAUFFERS MESSENGERS	5,396,372.00	7.23	390,158.00
8292	STORAGE WAREHOUSE NOC	5,280.00	5.41	286.00
8380	AUTOMOBILE SERVICE OR REPAIR C	342,656.00	3.77	12,918.00
8742	SALESPERSONS OR COLLECTORS-OU	26,109.00	0.57	149.00
8810	CLERICAL OFFICE EMPLOYEES NOC	1,339,995.00	0.23	3,082.00
9014	JANITORIAL SERVICES BY CONTRAC	25,760.00	3.99	1,028.00
9015	BUILDINGS-OPERATION BY OWNER	20,400.00	5.08	1,036.00
9402	STREET CLEANING AND DRIVERS	7,937.00	8.86	711.00
	MANUAL PREMIUM			445,364.00
	TOTAL MANUAL PREMIUM			445,364.00
9812	Employers Liability (EAL) Increased limits factor		1.1000	4,899.00
	SUBJECT PREMIUM			450,263.00
	TOTAL SUBJECT PREMIUM			450,263.00
	TOTAL MODIFIED PREMIUM			450,263.00
	TOTAL STANDARD PREMIUM			450,263.00
9663	Large Deductible Credit		60.0000	-270,158.00
	Total Product Premium			180,105.00
9740	Terrorism 0.0100			771.00
9741	Catastrophe (other than Certified Acts of Terrorism) 0.0100			771.00
	TOTAL ESTIMATED ANNUAL PREMIUM			181,647.00
	TOTAL ANNUAL PREMIUM			181,647.00

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Item 4.		SCHEDULE OF OPERATIONS - OKLAHOMA		
Code No.	Classifications	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 Of Remuneration	Estimated Annual Premium
4034	CONCRETE PRODUCTS MFG. AND DRI	201,700.00	12.73	25,676.00
7228	TRUCKING-LOCAL HAULING ONLY-	361,400.00	10.34	37,369.00
7229	TRUCKING-LONG-DISTANCE HAULIN	361,450.00	14.07	50,856.00
8227	CONSTRUCTION OR ERECTION PERMA	411,350.00	5.07	20,855.00
8265	IRON OR STEEL SCRAP DEALER AND	413,250.00	15.97	65,996.00
8742	SALESPERSONS OR COLLECTORS-OU	437,100.00	0.62	2,710.00
8810	CLERICAL OFFICE EMPLOYEES NOC	440,500.00	0.42	1,850.00
	MANUAL PREMIUM			205,312.00
	TOTAL MANUAL PREMIUM			205,312.00
9812	Employers Liability (EL) Increased limits factor		1.4000	2,874.00
	SUBJECT PREMIUM			208,186.00
	TOTAL SUBJECT PREMIUM			208,186.00
	TOTAL MODIFIED PREMIUM			208,186.00
	TOTAL STANDARD PREMIUM			208,186.00
9663	Large Deductible Credit		60.0000	-124,912.00
	Total Product Premium			83,274.00
9740	Terrorism 0.0200			525.00
9741	Catastrophe (other than Certified Acts of Terrorism) 0.0200			525.00
	TOTAL ESTIMATED ANNUAL PREMIUM			84,324.00
	TOTAL ANNUAL PREMIUM			84,324.00

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Item 4.		SCHEDULE OF OPERATIONS - OREGON		
Code No.	Classifications	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 Of Remuneration	Estimated Annual Premium
2802	CARPENTRY-SHOP ONLY-AND DRIV	358,602.00	6.20	22,233.00
3507	CONSTRUCTION OR AGRICULTURAL M	20,934.00	4.95	1,036.00
	MANUAL PREMIUM			23,269.00
	TOTAL MANUAL PREMIUM			23,269.00
9812	Employers Liability (E/L) Increased limits factor		0.4000	93.00
	SUBJECT PREMIUM			23,362.00
	TOTAL SUBJECT PREMIUM			23,362.00
	TOTAL MODIFIED PREMIUM			23,362.00
	TOTAL STANDARD PREMIUM			23,362.00
9663	Large Deductible Credit		60.0000	-14,017.00
	Total Product Premium			9,345.00
9740	Terrorism 0.0200			76.00
9741	Catastrophe (other than Certified Acts of Terrorism)			76.00
	0.0200			76.00
	TOTAL ESTIMATED ANNUAL PREMIUM			9,497.00
9681	WC Premium Assessment Surcharge		6.2000	1,458.00
	TOTAL ANNUAL PREMIUM			10,955.00

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SCHEDULE OF OPERATIONS - SOUTH CAROLINA

Code No.	Classifications	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 Of Remuneration	Estimated Annual Premium
2305	TEXTILE FIBER MFG.-SYNTHETIC	585,145.00	2.82	16,501.00
2881	FURNITURE ASSEMBLY-WOOD-FROM	9,020.00	3.30	298.00
3030	IRON OR STEEL: FABRICATION: IR	202,050.00	6.35	12,830.00
3076	SHEET METAL PRODUCTS MFG.-SHO	148,435.00	4.91	7,288.00
3113	TOOL MFG.-NOT DROP OR MACHINE	39,920.00	2.78	1,110.00
3365	WELDING OR CUTTING NOC AND DRI	142,822.00	9.56	13,654.00
3612	PUMP MFG.	120,565.00	2.85	3,436.00
3632	MACHINE SHOP NOC	994,015.00	4.86	48,309.00
3648	AUTOMOTIVE PARTS REBUILDERS NO	198,012.00	2.42	4,792.00
3808	AUTOMOBILE MFG. OR ASSEMBLY	12,448.00	7.21	898.00
4024	REFRACTORY PRODUCTS MFG. AND D	6,020.00	6.48	390.00
4062	POTTERY MFG.: PORCELAIN WARE-	67,863.00	2.48	1,690.00
4263	FIBER GOODS MFG.	61,200.00	4.13	2,528.00
4410	RUBBER GOODS MFG. NOC	296,448.00	4.68	13,874.00
4558	PAINT MFG.	27,528.00	2.33	641.00
5146	FURNITURE OR FIXTURES INSTALLA	126,732.00	7.90	10,012.00
5183	PLUMBING NOC AND DRIVERS	1,613,987.00	5.74	92,043.00
5190	ELECTRICAL WIRING-WITHIN BUIL	90,504.00	6.91	6,254.00
5221	CONCRETE OR CEMENT WORK-FLOOR	3,099,301.00	6.38	197,672.00
5437	CARPENTRY-INSTALLATION OF CAB	142,845.00	9.78	13,970.00
5478	FLOOR COVERING INSTALLATION-R	82,431.00	8.05	6,636.00
5479	INSULATION WORK NOC AND DRIVER	36,118.00	8.16	2,947.00
5635	SHEET METAL WORK-INSTALLATION	111,579.00	11.04	12,318.00
5537	HEATING VENTILATION AIR-COND	2,794.00	7.26	203.00
5606	CONTRACTOR-PROJECT MANAGER C	280,300.00	2.25	6,307.00
7228	TRUCKING-LOCAL HAULING ONLY-	361,400.00	9.37	33,863.00
7380	DRIVERS CHAUFFERS MESSENGERS	64,357.00	8.60	4,248.00
7605	BURGLAR ALARM-INSTALLATION OR	544.00	3.33	18.00
8017	STORE: RETAIL NOC	27,252.00	2.33	635.00
8292	STORAGE WAREHOUSE NOC. APPLIES	443,234.00	6.79	30,096.00
8380	AUTOMOBILE SERVICE OR REPAIR C	17,459.00	4.44	775.00
8742	SALESPERSONS OR COLLECTORS-OU	489,738.00	0.69	3,379.00
8810	CLERICAL OFFICE EMPLOYEES NOC	3,212,758.00	0.33	10,602.00
8829	CONVALESCENT OR NURSING HOME-	391,442.00	3.44	13,468.00
8833	HOSPITAL: PROFESSIONAL EMPLOYE	403,695.00	1.75	7,065.00
8835	HOME PUBLIC AND TRAVELING HE	441,141.00	3.94	17,381.00
9014	JANITORIAL SERVICES BY CONTRAC	28,093.00	3.96	1,112.00
9102	PARK NOC-ALL EMPLOYEES AND DR	27,469.00	3.89	1,069.00
9402	STREET CLEANING AND DRIVERS	11,809.00	7.48	868.00
	MANUAL PREMIUM			601,778.00
	TOTAL MANUAL PREMIUM			601,778.00
9812	Employers Liability (E/L) Increased limits factor		1.1000	6,620.00
	SUBJECT PREMIUM			608,398.00
	TOTAL SUBJECT PREMIUM			608,398.00
	TOTAL MODIFIED PREMIUM			608,398.00
	TOTAL STANDARD PREMIUM			608,398.00
9863	Large Deductible Credit		60.0000	-365,039.00
	Total Product Premium			243,359.00
9740	Terrorism 0:0200			2,883.00
9741	Catastrophe (other than Certified Acts of Terrorism)			2,883.00
	0:0200			
	TOTAL ESTIMATED ANNUAL PREMIUM			249,125.00
	TOTAL ANNUAL PREMIUM			249,125.00

Name and address of Insured
CountryWide Staffing Solutions Group, Inc.
707 Mendham Boulevard, Suite 201
Orlando, FL, 32825

Policy Number
WCP500069701GIC
Effective Date
06/30/2015

Item 4.		SCHEDULE OF OPERATIONS - TENNESSEE		
Code No.	Classifications	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 Of Remuneration	Estimated Annual Premium
1925	DIE CASTING MFG.	590,098.00	4.76	28,089.00
3365	WELDING OR CUTTING NOC AND DRI	3,224.00	8.83	285.00
7228	TRUCKING: LOCAL HAULING ONLY?A	390,876.00	8.97	35,062.00
7229	TRUCKING: LONG DISTANCE HAULIN	509,301.00	11.20	57,042.00
7380	DRIVERS CHAUFFERS MESSENGERS	468,563.00	8.88	32,706.00
8380	AUTOMOBILE SERVICE OR REPAIR C	73,890.00	3.72	2,749.00
8742	SALESPERSONS OR COLLECTORS--OU	19,385.00	0.51	99.00
8810	CLERICAL OFFICE EMPLOYEES NOC	984,711.00	0.24	2,315.00
9014	JANITORIAL SERVICES BY CONTRAC	44,518.00	3.86	1,718.00
9402	STREET CLEANING AND DRIVERS	1,244.00	7.21	90.00
	MANUAL PREMIUM			160,155.00
	TOTAL MANUAL PREMIUM			160,155.00
9812	Employers Liability (E/L) increased limits factor		1.4000	2,242.00
	SUBJECT PREMIUM			162,397.00
	TOTAL SUBJECT PREMIUM			162,397.00
	TOTAL MODIFIED PREMIUM			162,397.00
	TOTAL STANDARD PREMIUM			162,397.00
9683	Large Deductible Credit		60.0000	-87,438.00
	Total Product Premium			84,959.00
9740	Terrorism 0.0200			613.00
9741	Catastrophe (other than Certified Acts of Terrorism)			920.00
	0.0300			
	TOTAL ESTIMATED ANNUAL PREMIUM			65,492.00
	TOTAL ANNUAL PREMIUM			65,492.00

Name and address of Insured
CountryWide Staffing Solutions Group, Inc.
707 Mendham Boulevard, Suite 201
Orlando, FL, 32825

Policy Number
WCP500069701GIC
Effective Date
06/30/2015

Item 4.		SCHEDULE OF OPERATIONS - TEXAS		
Code No.	Classifications	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 Of Remuneration	Estimated Annual Premium
2881	BILLIARD TABLE MFG AND DRIVERS	2,051.00	3.74	77.00
7600	Telephone or Telegraph Co.: All Other Employees and Drivers	211,923.00	2.94	6,231.00
8018	Store: Wholesale NOC	874.00	3.85	25.00
8227	CONTRACTOR'S PERMANENT YARD	1,324,913.00	3.46	45,842.00
8810	Clerical Office Employees NOC	2,997,535.00	0.19	5,695.00
9014	Janitorial Services by Contractors -- No Window Cleaning Above Ground Level and Drivers	116,103.00	3.39	3,938.00
9402	Street Cleaning and Drivers	150,847.00	6.26	9,443.00
	MANUAL PREMIUM			71,248.00
	TOTAL MANUAL PREMIUM			71,248.00
9812	Employers Liability (E/L) Increased limits factor		1.4000	997.00
	SUBJECT PREMIUM			72,246.00
	TOTAL SUBJECT PREMIUM			72,246.00
	TOTAL MODIFIED PREMIUM			72,246.00
	TOTAL STANDARD PREMIUM			72,246.00
0063	Premium Discount		12.2741	-8,868.00
9740	Terrorism 0.0240			1,153.00
	ESTIMATED ANNUAL PREMIUM			64,531.00
9963	Large Deductible Credit		60.0000	-38,719.00
	TOTAL ESTIMATED ANNUAL PREMIUM			25,812.00
	TOTAL ANNUAL PREMIUM			25,812.00

Name and address of Insured
CountryWide Staffing Solutions Group, Inc.
707 Mendham Boulevard, Suite 201
Orlando, FL, 32825

Policy Number
WCP500069701GIC
Effective Date
06/30/2015

Item 4.		SCHEDULE OF OPERATIONS - VIRGINIA		
Code No.	Classifications	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 Of Remuneration	Estimated Annual Premium
8742	SALESPERSONS OR COLLECTORS--OU	19,846.00	0.26	52.00
9014	JANITORIAL SERVICES BY CONTRAC	241,693.00	2.95	7,130.00
9402	STREET CLEANING AND DRIVERS	9,761.00	7.11	694.00
	MANUAL PREMIUM			7,876.00
	TOTAL MANUAL PREMIUM			7,876.00
9812	Employers Liability (E/L) increased limits factor		1.1000	87.00
	SUBJECT PREMIUM			7,963.00
	TOTAL SUBJECT PREMIUM			7,963.00
	TOTAL MODIFIED PREMIUM			7,963.00
	TOTAL STANDARD PREMIUM			7,963.00
9663	Large Deductible Credit		60.0000	-4,778.00
	Total Product Premium			3,185.00
9740	Terrorism 0.0400			109.00
	TOTAL ESTIMATED ANNUAL PREMIUM			3,294.00
	TOTAL ANNUAL PREMIUM			3,294.00

Name and address of Insured
CountryWide Staffing Solutions Group, Inc.
707 Mendham Boulevard, Suite 201
Orlando, FL, 32825

Policy Number
WCP500069701GIC
Effective Date
06/30/2015

Item 4. SCHEDULE OF OPERATIONS - WEST VIRGINIA				
Code No.	Classifications	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 Of Remuneration	Estimated Annual Premium
7228	TRUCKING--LOCAL HAULING ONLY--	1,145,287.00	6.16	70,550.00
8380	AUTOMOBILE SERVICE OR REPAIR C	405,223.00	2.97	12,036.00
8810	CLERICAL OFFICE EMPLOYEES NOC	125,981.00	0.21	265.00
	State Act Manual Premium			82,850.00
	TOTAL MANUAL PREMIUM			82,850.00
9812	Employers Liability (E/L) Increased limits factor		1.4000	1,160.00
	TOTAL SUBJECT PREMIUM			84,010.00
	Experience Modification (Modified Premium - State Act)		1.0000	82,850.00
	Experience Modification (Modified Premium - Federal Acts and EL)		1.0000	1,160.00
	TOTAL MODIFIED PREMIUM			84,010.00
	TOTAL STANDARD PREMIUM			84,010.00
9663	Large Deductible Credit		80.0000	-50,406.00
	Total Product Premium			33,604.00
9740	Terrorism 0.0100			168.00
9741	Catastrophe (other than Certified Acts of Terrorism) 0.0100			168.00
	TOTAL ESTIMATED ANNUAL PREMIUM			33,940.00
9681	Regulatory Surcharge		5.0000	4,217.00
9682	Deficit Reduction Surcharge		8.0000	7,591.00
9683	Fire and Casualty Surcharge		0.5500	462.00
	TOTAL ANNUAL PREMIUM			46,210.00

CATASTROPHE (OTHER THAN CERTIFIED ACTS OF TERRORISM) PREMIUM ENDORSEMENT

This endorsement is notification that your Insurance carrier is charging premium to cover the losses that may occur in the event of a Catastrophe (other than Certified Acts of Terrorism) as that term is defined below. Your policy provides coverage for workers compensation losses caused by a Catastrophe (other than Certified Acts of Terrorism). This premium charge does not provide funding for Certified Acts of Terrorism contemplated under the Terrorism Risk Insurance Program Reauthorization Act Disclosure Endorsement (WC 00 04 22 B), attached to this policy.

For purposes of this endorsement, the following definitions apply:

- Catastrophe (other than Certified Acts of Terrorism): Any single event, resulting from an Earthquake, Noncertified Act of Terrorism, or Catastrophic Industrial Accident, which results in aggregate workers compensation losses in excess of \$50 million.
- Earthquake: The shaking and vibration at the surface of the earth resulting from underground movement along a fault plane or from volcanic activity.
- Noncertified Act of Terrorism: An event that is not certified as an Act of Terrorism by the Secretary of Treasury pursuant to the Terrorism Risk Insurance Act of 2002 (as amended) but that meets all of the following criteria:
 - a. It is an act that is violent or dangerous to human life, property, or infrastructure;
 - b. The act results in damage within the United States, or outside of the United States in the case of the premises of United States missions or air carriers or vessels as those terms are defined in the Terrorism Risk Insurance Act of 2002 (as amended); and
 - c. It is an act that has been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.
- Catastrophic Industrial Accident: A chemical release, large explosion, or small blast that is localized in nature and affects workers in a small perimeter the size of a building.

The premium charge for the coverage your policy provides for workers compensation losses caused by a Catastrophe (other than Certified Acts of Terrorism) is shown in Item 4 of the Information Page or in the Schedule below.

Schedule

State	Rate	Premium
CO	0.0200	\$5.00
DE	0.0200	\$5,537.00
GA	0.0200	\$404.00
ID	0.0100	\$269.00
IN	0.0100	\$137.00
KY	0.0200	\$346.00
MD	0.0200	\$257.00
ME	0.0100	\$1.00
MI	0.0100	\$48.00
NC	0.0100	\$771.00
NE	0.0200	\$8.00
OK	0.0200	\$525.00
OR	0.0200	\$88.00
SC	0.0200	\$2,883.00
TN	0.0300	\$920.00
WV	0.0300	\$168.00

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to inception of the policy.)

Endorsement Effective 06/30/2015

WCPS00059701GIC

Endorsement No.

Insured CountryWide Staffing Solutions Group, Inc.

Premium: INCL

Insurance Company Guarantee Insurance Company

Countersigned by

WC 00 04 21 D

(Ed. 1-15)

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TERRORISM RISK INSURANCE PROGRAM REAUTHORIZATION ACT DISCLOSURE ENDORSEMENT

This endorsement addresses the requirements of the Terrorism Risk Insurance Act of 2002 as amended and extended by the Terrorism Risk Insurance Program Reauthorization Act of 2015. It serves to notify you of certain limitations under the Act, and that your insurance carrier is charging premium for losses that may occur in the event of an Act of Terrorism.

Your policy provides coverage for workers compensation losses caused by Acts of Terrorism, including workers compensation benefit obligations dictated by state law. Coverage for such losses is still subject to all terms, definitions, exclusions, and conditions in your policy, and any applicable federal and/or state laws, rules, or regulations.

Definitions

The definitions provided in this endorsement are based on and have the same meaning as the definitions in the Act. If words or phrases not defined in this endorsement are defined in the Act, the definitions in the Act will apply.

"Act" means the Terrorism Risk Insurance Act of 2002, which took effect on November 26, 2002, and any amendments thereto, including any amendments resulting from the Terrorism Risk Insurance Program Reauthorization Act of 2015.

"Act of Terrorism" means any act that is certified by the Secretary of the Treasury, in consultation with the Secretary of Homeland Security, and the Attorney General of the United States as meeting all of the following requirements:

- a. The act is an act of terrorism.
- b. The act is violent or dangerous to human life, property or infrastructure.
- c. The act resulted in damage within the United States, or outside of the United States in the case of the premises of United States missions or certain air carriers or vessels.
- d. The act has been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

"Insured Loss" means any loss resulting from an act of terrorism (and, except for Pennsylvania, including an act of war, in the case of workers compensation) that is covered by primary or excess property and casualty insurance issued by an insurer if the loss occurs in the United States or at the premises of United States missions or to certain air carriers or vessels.

"Insurer Deductible" means, for the period beginning on January 1, 2015, and ending on December 31, 2020, an amount equal to 20% of our direct earned premiums, during the immediately preceding calendar year.

Limitation of Liability

The Act limits our liability to you under this policy. If aggregate Insured Losses exceed \$100,000,000,000 in a calendar year and if we have met our Insurer Deductible, we are not liable for the payment of any portion of the amount of Insured Losses that exceeds \$100,000,000,000; and for aggregate Insured Losses up to \$100,000,000,000, we will pay only a pro rata share of such Insured Losses as determined by the Secretary of the Treasury.

Policyholder Disclosure Notice

1. Insured Losses would be partially reimbursed by the United States Government. If the aggregate industry Insured Losses exceed:
 - a. \$100,000,000, with respect to such Insured Losses occurring in calendar year 2015, the United States Government would pay 85% of our Insured Losses that exceed our Insurer Deductible.
 - b. \$120,000,000, with respect to such Insured Losses occurring in calendar year 2016, the United States Government would pay 84% of our Insured Losses that exceed our Insurer Deductible.
 - c. \$140,000,000, with respect to such Insured Losses occurring in calendar year 2017, the United States Government would pay 83% of our Insured Losses that exceed our Insurer Deductible.
 - d. \$160,000,000, with respect to such Insured Losses occurring in calendar year 2018, the United States Government would pay 82% of our Insured Losses that exceed our Insurer Deductible.
 - e. \$180,000,000, with respect to such Insured Losses occurring in calendar year 2019, the United States Government would pay 81% of our Insured Losses that exceed our Insurer Deductible.
 - f. \$200,000,000, with respect to such Insured Losses occurring in calendar year 2020, the United States Government would pay 80% of our Insured Losses that exceed our Insurer Deductible.

WC 00 04 22 B

(Ed. 1-15)

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2. Notwithstanding item 1 above, the United States Government will not make any payment under the Act for any portion of Insured Losses that exceed \$100,000,000,000.
3. The premium charge for the coverage your policy provides for Insured Losses is included in the amount shown in Item 4 of the Information Page or in the Schedule below.

Schedule

State	Rate	Premium
AL	0.0200	\$547.00
CO	0.0200	\$5.00
DE	0.0200	\$5,537.00
FL	0.0200	\$433.00
GA	0.0200	\$404.00
ID	0.0200	\$537.00
IN	0.0200	\$275.00
KY	0.0200	\$346.00
MD	0.0500	\$642.00
ME	0.0100	\$1.00
MI	0.0200	\$96.00
MO	0.0200	\$326.00
MS	0.0100	0.00
NC	0.0100	\$771.00
NE	0.0200	\$8.00
OK	0.0200	\$525.00
OR	0.0200	\$76.00
SC	0.0200	\$2,883.00
TN	0.0200	\$613.00
TX	0.0240	\$1,153.00
VA	0.0400	\$109.00
WV	0.0100	\$168.00

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective 06/30/2015

Policy No
WCP500089701GIC

Endorsement No. 1300

Insured CountryWide Staffing Solutions Group, Inc.

Premium INCL

Insurance Company Guarantee Insurance
Company

Countersigned by

WC 00 04 22 B

(Ed. 1-15)

Page 2 of 2

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AUDIT INFORMATION & SUMMARY

Company	Guarantee Insurance Company	Control Number	61028
Insured	CountryWide PEO, Inc.	Policy Period	6/30/2015-4/22/2016
Policy Number	WCP500070801GIC	Audit Period	6/30/2015-4/22/2016
Policy Type	WC	Agent/Broker	Trigen Insurance Solutions, Inc.

		Exposure Summary	
State	Class Code	Classification Description	Audited
		Worldwide Staffing, Inc.	9,647,468
		Countrywide Staffing Solutions Group	41,359,744
		Countrywide PEO	3,127,562

Total 54,134,772

Description of Operations:

CountryWide PEO, Inc. located in Orlando, FL is a professional employer organization providing human resources and staff leasing services.

There are 3 companies with payroll:
CountryWide PEO, Inc.
Worldwide Staffing, Inc.
Countrywide Staffing Solutions Group (CSSG).

Countrywide Payroll and HR Solutions, Inc. is a generic name that is used to designate the companies as a whole.

Insured operates in multiple states and with many types of businesses. Class codes are noted on the audit worksheets.

Verification/Reconciliation

Worldwide Staffing, Inc.	9,647,468
Countrywide Staffing	41,359,744
	3,127,562

Rounding	-1
Subtotal	54,134,772

Total 54,134,772

General Information

Contact Chris Hensley
Title Director of Risk
Company CountryWide HR
Location 707 Mendham Blvd Ste 250
Orlando, TX 32825
Phone 407/517-9403

Fax

Website & E-Mail Address:
www.countrywidehr.com
john.hold@countrywidehr.com
Auditor Ron Dylong
Date

R Dylong & Associates, Inc.
Rockwall, Texas

RDA- Audit Summary

eR 10/10

AUDIT INFORMATION

Company: Guarantee Insurance Company
 Insured: CountryWide PEO, Inc.
 Policy Number: WCP500070601GIC
 Control Number: 81028
 Policy Period: 6/30/2015-4/22/2016
 Audit Period: 6/30/2015-4/22/2016

Entity Analysis				Overtime Sample		
Entity #	Entity Name	Federal ID	State & ID#*	Entity Type	Employee:	OT shown in records as:
1	CountryWide PEO, Inc.	46-4537330		Corporation	Period End	Total OT ☐
2	Countrywide Staffing Solutions Group	47-2621516		Corporation	Regular Hrs.	Premium OT ☐
3	Worldwide Staffing, Inc.	46-4467314		Corporation	OT Hrs.	
					Regular Pay	
					OT Pay	
					Regular Rate	
					OT Rate	

*State ID as required by company

Ownership Analysis							
Entity #	Name	Title	% Owned	Duties	State/Code	Payroll	Amt. Incl.

Audit Notes

Audit appointment arranged by Becky Barnett, Guarantee VP of Underwriting, PEO Manager with Chris Hensley, CountryWide Director of Risk. Amanda Santiago assisted with the audit providing data. Discussed payrolls with John Holt, Controller.

Records provided were SUTA reports, 941's, quarterly payroll taxation registers, and payroll report showing payroll by state by class code for three entities with payroll: CountryWide PEO, Inc., Worldwide Staffing, Inc., and Countrywide Staffing Solutions Group (CSSG).

Insured has workers compensation policies with Guarantee Insurance Company and Sunz Insurance Company for their organization. Copy of SUNZ insurance information provided.

There were differences between SUTA and taxation reports, and, detail to identify the class codes the payroll applied to were not available, therefore, the payroll was allocated by state based on the amount of payroll in each class code. See underwriting notes and worksheets for specifics.

Claims Review: There were 141 claims reviewed for correct classification coding. The claim coding was correct for 43 claims; 77 claims need the code correct to agree with the employee's payroll code, and 21 claimants could not be identified in the payroll records provided for the audit. See separate claims file.

Records Audited

☒	Payroll Reports/Journals
☒	Social Security Fed 941's
☒	State Unemployment
☒	Cash Disbursements
☒	General Ledger
☒	P & L Statements
☒	Sales/Receipts Journals
☒	Vendor Expense Reports
☒	Job Costs Sheets
☒	Checkbook
☒	Sales Tax Reports
☒	1099's
☒	W-2's/W-3

Questionnaire:	Yes	No	N/A
Sub-contractors	☐	☒	☐
Temporary Employees	☒	☐	☐
Leased Employees	☒	☐	☐
Certificates of Insurance	☒	☐	☐
Contract/Casual/Day Labor	☒	☐	☐
Clerical Analysis	☐	☒	☐
Aircraft Operation (WC)	☐	☒	☐
Records Reflect Overtime	☐	☒	☐
Legal Entity Correct	☒	☐	☐
All Entities/Locations Noted	☒	☐	☐
Housing/Other Allowance	☒	☐	☐
Class Codes Accounted For	☒	☐	☐
WC Claims Listed on Policy	☒	☐	☐
Send Copy of Audit to Agent	☒	☐	☐
Variances Explained	☒	☐	☐
Exit Interview Noted	☒	☐	☐

Company Insured Policy Number	Guarantee Insurance Company Countrywide PEO, Inc. WCPS00070801GIC	2 Gross Wages Payroll Reports	3 State Total	4 Adjust Payroll	5 WC Payroll	6 Excluded Payroll	AUDIT WORKSHEET Control Number Policy Period Audit Period											Worksheet Description: Payroll Reports - Adjustments - WC Payroll Summary Reconcile to SUTA	100.0%																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																										
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3 Worldwide Staffing

R Dylong Associates, Inc

80128 Countywide PEO

Company Inured Policy Number	1	Guarantee Insurance Company Countrywide FEO, Inc. WCP500070801GIC				AUDIT WORKSHEET 6/10/28 6/30/2015-4/22/2018 6/30/2015-4/22/2018										Worksheet Description: Payroll Reports - Adjustments - WC Payroll Summary Reconcile to SUTA									
		2	3	4	5	6	7		8	9	10	11	12	13	14	15	16								
							WCP	GIC																	
																		NY	PA	NJ	LA	MT	GIC	SD	GIC
Gross Wages Payroll Reports	Size Total	Actual Payroll*	WC Payroll	Excluded Shelter Payroll	10/17/201	WCP	500070401	500070501	500072601	500073401	500075901	500078101	500092801	500093101	% of Payroll by Class										
50 4273		4,119			4,119	4,119												27.9%							
51 8018		2,000			2,000	2,000												13.5%							
52 6284		4,960	14,778		4,960	4,960												31.5%							
53 KY																		100.0%							
54 3179		537		101	837													0.1%							
55 3257		187,029		31,500	199,328													18.3%							
56 3606		242,169		45,354	287,574													28.6%							
57 4452		7,180		1,345	8,525													0.6%							
58 4484		10,919		2,048	12,965													1.2%							
59 5191		195,222		36,563	231,805													21.4%							
60 8019		15,854		2,960	18,944													1.6%							
61 8292		190,498		35,668	226,196													20.9%							
62 8742		238		45	283													0.0%							
63 8810		80,801	910,987	15,180	96,061													8.9%							
64 LA																		100.0%							
65 2157		7,158		787	7,943													68.2%							
66 4484		1,900		165	1,865													13.9%							
67 8292		2,148	10,903	226	2,364													19.9%							
68 MO																		100.0%							
69 2157		6,878	6,878	9,828	18,502													100.0%							
70 ME		3,087	3,087		3,087													100.0%							
71 4263																		100.0%							
72 MI		11,864	11,864		11,864													100.0%							
73 8810																		95.6%							
75 8292		13,799		182	13,920													4.4%							
76 8810		837	14,396	7	844													100.0%							
77 MS																		9.4%							
78 2157		438		346	782													90.6%							
79 8010		4,205	4,841	3,341	7,548													100.0%							
80 MT																		100.0%							
81 8292		84	94	1	85													99.5%							
82 NC																		0.6%							
83 2088		13,804		1,810	15,414													33.8%							
84 2501		613,438		71,558	684,996													0.3%							
85 3574		6,059		707	6,766													2.8%							
86 3606		48,135		5,815	53,790													0.9%							
87 4298		15,899		1,855	17,754													0.1%							
88 4484		1,884		217	2,081													0.0%							
89 5146		684		80	764													0.3%							
90 5180		4,913		573	5,486													0.6%							
91 5474		214		25	239													0.1%							
92 8010		1,134		132	1,266													12.7%							
93 8294		231,929		27,054	258,983													0.9%							
94 8295		13,749		1,637	17,585													27.7%							
95 8292		506,809		58,119	565,828													1.6%							
96 8742		28,657		3,343	32,000													18.5%							
97 8810		338,080	1,628,387	36,354	378,834													100.0%							
98 NE																									

Company Insured	Policy Number	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	% of Payroll by Class
Guarantee Insurance Company Countywide PEO, Inc. WCP500070601GIC		Gross Wages Payroll Reports	State Total	Adjust Payroll	WC Payroll	Excluded Payroll	WCP 101717201 GIC	WCP 101717201 GIC	WCP 500070401 GIC	WCP 500070501 GIC	WCP 500072901 GIC	WCP 500073401 GIC	WCP 500078001 GIC	WCP 500078101 GIC	WCP 500083101 GIC	WCP 500092801 GIC	
99 8232		275	275	150	425												
100 NJ																	100.2%
101 4238		884,857		248,411	930,069												55.8%
102 8010		1,977		709	2,885												0.2%
103 8018		452,890		162,200	614,941												38.9%
104 8810		86,578	1,215,993	31,034	117,812												7.1%
105 NH																	100.0%
106 8403		2,200	2,200	988	3,188												100.0%
107 NY																	100.0%
108 8810		3,254	3,254		3,254												100.0%
109 OK																	100.0%
110 3128		30,505		8,841	37,346												35.2%
111 8292		19,002		4,282	23,284												21.9%
112 8610		37,079	86,581	8,316	45,396												42.8%
113 OR																	100.0%
114 5190		7,566	7,566	6,278	13,845												100.0%
115 PA																	100.0%
116 222		8,101		457	8,558												4.2%
117 454		11,724		862	12,386												6.1%
118 523		7,333		414	7,747												3.8%
119 525		42,274		2,387	44,661												22.1%
120 527		197		11	208												0.1%
121 561		819		46	865												0.4%
122 813		14,867		838	15,706												7.8%
123 817		1,835		92	1,727												0.8%
124 867		52,568		2,988	55,556												27.5%
125 883		10,788		14,036	24,824												5.6%
126 848		892		10,348	11,241												0.5%
127 953		17,829		995	18,825												9.2%
128 8742-SB 948		9,748		-8,748													5.1%
128 8810-SB 888		12,708	181,283	-12,708													6.6%
130 SC																	100.0%
131 2802		2,815		758	3,571												0.4%
132 3400		25,036		8,722	31,757												0.9%
133 3724		6,967		1,871	8,838												1.1%
134 3630		1,334		358	1,692												0.2%
135 4238		3,043		817	3,860												0.5%
136 4452		2,428		851	3,279												0.4%
137 4484		3,132		841	3,973												0.5%
138 8504		8,200		2,201	10,401												1.5%
138 8010		9,586		2,574	12,160												1.5%
140 8264		383,286		102,910	486,206												59.4%
141 8292		1,048		281	1,329												0.2%
142 8380		1,801		420	2,220												0.2%
143 8742		12,330		3,310	15,641												1.9%
144 8810		178,135		47,827	225,961												27.6%
145 9501		3,995	844,842	1,810	7,805												0.9%
146 TN																	100.0%
147 2018		5,924		373	6,297												1.0%

80128 Countywide PEO
R. Dylong Associates, Inc.
5 Worldwide Staffing

Company Insured Policy Number	Guarantee Insurance Company Countywide PEO, Inc WCP000070001GIC	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	Worksheet Description: Payroll Reports - Adjustments - WC Payroll Summary Reconcile to SUTA
148 2081	Worldwide Staffing, Inc		Gross	State	Adjust	WC Payroll	Excluded	WCP	WCP	WCP	WCP	WCP	WCP	WCP	WCP	WCP	WCP	% of Payroll
148 2589			Vegas	Total	Payroll		Payroll	101717201	500070501	500073001	500073001	500073001	500073001	500073001	500073001	500073001	500073001	By Class
150 2802			Reports					GIC	GIC	GIC	GIC	GIC	GIC	GIC	GIC	GIC	GIC	Code by
151 2820 - Inval code								NY	Master	PA	NJ	LA	MT	NV	SD	GC	State	
152 3507																		
153 4279																		
154 5148																		
155 5813																		
156 8010																		
157 8037																		
158 8264																		
159 8742																		
160 8810																		
161 8884																		
162 9403																		
163 TX																		
164 2157																		
165 8107																		
166 8292																		
167 8810																		
168 VA																		
169 8810																		
170 WV																		
171 4239																		
172 8010																		
173 8292																		
174 Rounding diff of 1																		
175																		
176																		
177 Reconcile to SUTA Reports																		
178																		
179																		
180																		
181 5302015																		
182 3 Oct 2015																		
183 4 Oct 2015																		
184 1 Oct 2016																		
185 4/1/16 to 4/22/16																		
186																		
187 Excluded States Payroll																		
188 Subtotal SUTA Reports																		
189 Add ID - No SUTA Reports																		
190 Add Excl States AZ/KS																		
191 (Included in Payroll Rpt)																		
192 WC Payroll (Column 6)																		
193 Less Excl States AZ/KS																		
194 WC Payroll by Policy																		
195																		
196																		

AUDIT WORKSHEET																	Worksheet Description: Payroll Reports - Adjustments - WC Payroll Summary - Reconcile to SUTA				
Company Insured	Policy Number	Countywide Staffing Solutions Group (CSSG)	Gross Wages	2:	3	State Total	4	5	6	7	8	9	10	11	12	13	14	15			
Guarantee Insurance Company	Countywide PEO, Inc	WCP300070601GIC					Adjust Payroll	WC Payroll	Excluded States Payroll	50006701	WCP	WCP	WCP	WCP	WCP			% of Payroll by Class			
							Add CSSG			GIC	GIC	GIC	GIC	GIC	GIC			Code by State			
							2nd 1st 2018 P/R			Master	LA	NJ	NY	PA							
1 AL																					
2 0042			14,144				5,487	19,631		19,631								0.6%			
3 2731			1,368				530	1,898										0.1%			
4 3022			705,831				273,864	979,795		979,795								30.6%			
5 3620			5,334				2,089	7,423		7,423								0.2%			
6 3632			78,793				29,792	108,585		108,585								3.4%			
7 3724			27,121				10,522	37,643		37,643								1.2%			
8 3726			1,199				465	1,664		1,664								0.1%			
9 4034			8,007				2,330	10,337		10,337								0.3%			
10 4740			824				320	1,144		1,144								0.0%			
11 5037			43				17	60										0.0%			
12 5183			384				149	532		532								0.0%			
13 5186			494				182	676		676								0.0%			
14 5190			424				164	588		588								0.0%			
15 5213			5,706				2,214	7,920		7,920								0.2%			
16 5221			151,002				58,581	209,583		209,583								8.6%			
17 5403			750				291	1,041		1,041								0.0%			
18 5445			7,013				2,721	9,733		9,733								0.3%			
19 5479			5,485				2,126	7,611		7,611								0.2%			
20 5537			24,922				9,686	34,608		34,608								1.1%			
21 5606			5,961				2,196	8,157		8,157								0.2%			
22 7229			430				175	605		605								0.0%			
23 7360			865,969				335,795	1,201,764		1,201,764								37.8%			
24 7600			752				282	1,034		1,034								0.0%			
25 8017			88				34	122		122								0.0%			
26 8018			38,801				14,875	53,677		53,677								1.7%			
27 8380			36,861				14,222	51,083		51,083								1.6%			
28 8610			211,809				82,083	293,892		293,892								9.2%			
29 9015			5,478				2,129	7,605		7,605								0.2%			
30 9101			85,948				33,356	119,304		119,304								3.8%			
31 9403			5,159				2,001	7,159		7,159								0.2%			
32 0005						2,260,856												100.0%			
33 CO																					
34 6608			32,283				23,003	55,286		55,286								12.9%			
35 7228			81,973				56,480	138,453		138,453								32.8%			
36 8282			75,753				54,014	129,768		129,768								30.3%			
37 9403			59,764				42,813	102,577		102,577								23.9%			
38 DE																					
39 8008			24,508				538,428	562,936		562,936								100.0%			
40 851			24,750				553,982	578,732		578,732								48.8%			
41 FL																		50.2%			
42 3365			43,941				96,360	140,301		140,301								100.0%			
43 5146			23,358				31,582	54,940		54,940								11.2%			
44 5183			34,039				45,999	80,038		80,038								8.0%			
45 5190			61,549				83,174	144,723		144,723								8.7%			
46 5221			47,487				64,172	111,659		111,659								15.7%			
47 5403			3,785				5,066	8,851		8,851								12.1%			
48 5437			2,559				3,457	6,016		6,016								1.0%			
49 5474			29,469				39,849	69,318		69,318								0.7%			
																		7.5%			

R Dylong Associates, Inc.

90128 Countywide PEO

7 CSSG

Company Insured	Policy Number	1 Countrywide Staffing Solutions Group (CSSG)	2 Gross Wages	Guarantee Insurance Company Countrywide PEO, Inc.				6 Excluded Payroll	Control Number				12 WCP	11 WCP	10 WCP	9 WCP	Worksheet Description:			
				3 State Total	4 Adjust Payroll	5 WC Payroll	7 WCP	8 WCP	9 WCP	10 WCP	11 WCP	12 WCP	13 Summary - Reconcile to RUTA	14 Summary - Reconcile to RUTA	15 Summary - Reconcile to RUTA	16 Summary - Reconcile to RUTA	17 Summary - Reconcile to RUTA	18 Summary - Reconcile to RUTA	19 Summary - Reconcile to RUTA	20 Summary - Reconcile to RUTA
		State and Class Code																		
50	5535		420																	
51	6217		9,006																	
52	7219		22,081																	
53	8292		21,739																	
54	8810		40,984																	
55	9014		36,937																	
56	9402		13,416																	
57	GA																			
58	3724		21,253																	
59	3726		3,558																	
60	5163		1,765																	
61	5221		52,186																	
62	5473		17,297																	
63	7229		47,823																	
64	7360		1,218,857																	
65	8380		44,385																	
66	8810		24,026																	
67	9014		58,141																	
68	9402		85,209																	
69	ID																			
70	8842		2,383,609																	
71	IN																			
72	7229		34,336																	
73	9402		35,822																	
74	KY																			
75	7228		659,465																	
76	7229		558,841																	
77	8742		185																	
78	8810		209,003																	
79	8015		8,690																	
80	LA																			
81	5403		19,900																	
82	9402		19,488																	
83	MD																			
84	3932		5,878																	
85	5357		34,999																	
86	5148		4,416																	
87	5163		8,892																	
88	5190		8,034																	
89	5437		18,218																	
90	6217		14,190																	
91	8044		208,468																	
92	8292		80,303																	
93	8742		12,846																	
94	8810		43,777																	
95	9014		28,133																	
96	9015		28,961																	
97	9402		1,573																	
98	MI																			

8 CSSG

R Dylong Associates, Inc

60128 Countrywide PEO

AUDIT WORKSHEET																		
Company Inured Policy Number	Countywide Staffing Solutions Group (CSSG)	Gross Wages	Guarantee Insurance Company Countywide PEO, Inc WCP500070601GIC				Control Number Policy Period Audit Period				Worksheet Description: Payroll Reports - Adjustments - WC Payroll Summary - Reconcile to SUTA				% of Payroll by Class Code by State 100.0%			
			State and Class Code	Size Total	Adjus Payroll	Add CSSG 2nd 1 Q1 2016 PIR*	5 WC Payroll	6 Excluded States Payroll	7 WCP 500069701	8 WCP 500069701	9 WCP 500069701	10 WCP 500069701	11 WCP 500069701	12 WCP 500069701		13 WCP 500069701	14 WCP 500069701	15 WCP 500069701
99 7219		5,302	5,302	4,785	10,087			10,087										
100 MO																		
101 3076		985		1,142	2,128			2,128										1.6%
102 3829		441		511	952			952										0.8%
103 4273		1,837		2,129	3,966			3,966										3.4%
104 4720		1,274		1,477	2,751			2,751										2.4%
105 5537		5,514		6,391	11,904			11,904										10.3%
106 7229		22,940		26,590	49,530			49,530										42.8%
107 8046		2,320		2,899	5,008			5,008										4.3%
108 8402		16,913		19,603	36,516			36,516										31.6%
109 8501		1,360		1,800	2,960			2,960										2.6%
110 MS																		100.0%
111 3608		2,062		9,810	11,872			11,872										43.0%
112 5537		2,728		12,597	15,716			15,716										57.0%
113 NC																		100.0%
114 5146		56,256		2,974	82,230			82,230										1.1%
115 5183		27,583		1,860	29,443			29,443										0.5%
116 5190		249		17	265			265										0.0%
117 5221		496,245		33,831	530,076			530,076										9.3%
118 5473		8,236		562	8,798			8,798										0.2%
119 5535		16,147		1,033	17,180			17,180										0.3%
120 5906		6,860		469	7,329			7,329										0.1%
121 8217		4,014		274	4,288			4,288										0.1%
122 7229		28,140		1,988	31,127			31,127										0.1%
123 7380		3,448,377		235,228	3,683,605			3,683,605										0.5%
124 8360		261,803		17,183	268,788			268,788										64.9%
125 8602		749		51	799			799										4.7%
126 8742		24,592		1,678	26,270			26,270										0.0%
127 8810		814,241		55,543	869,784			869,784										0.5%
128 9402		93,342		6,367	99,709			99,709										15.3%
129 9403		31,387	5,310,020	2,141	33,528			33,528										1.8%
130 NE																		0.8%
131 2085		22,348		7,803	30,149			30,149										100.0%
132 3507		41,771		14,565	56,336			56,336										1.7%
133 3685		42,823		14,952	57,775			57,775										3.2%
134 5022		8,956		2,429	9,384			9,384										3.3%
135 5180		51,182		17,964	69,028			69,028										0.5%
136 5221		330,994		115,571	446,565			446,565										3.9%
137 5506		38,074		13,284	51,358			51,358										25.2%
138 5810		21,107		7,270	28,378			28,378										2.8%
139 7228		248,378		96,724	345,102			345,102										1.8%
140 7229		42,775		14,938	57,711			57,711										18.9%
141 8006		331		116	446			446										3.3%
142 8232		219,853		78,800	298,753			298,753										0.0%
143 8610		86,067		30,750	116,818			116,818										16.7%
144 8833		14,442		5,043	19,485			19,485										6.7%
145 9014		2,860		978	3,778			3,778										1.1%
146 9040		81,770		28,831	110,321			110,321										0.2%
147 9403		61,084	1,314,830	21,328	82,412			82,412										6.2%
																		4.8%

R. Dylong Associates, Inc.

90128 Countywide PEO

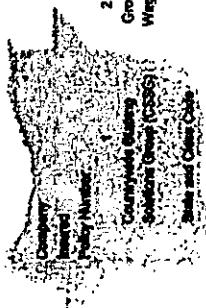
9 CSSG

AUDIT WORKSHEET														
Company Insured Policy Number	1 Countrywide Staffing Solutions Group (CSSG) State and Class Code	2 Gross Wages	Guarantee Insurance Company Countrywide PEO, Inc WCP 500070601GIC			5 WC Payroll	6 Excluded Payroll	7 WCP GIC Master	8 WCP GIC LA	9 WCP GIC NJ	10 WCP GIC NY	11 WCP GIC NY	12 WCP GIC PA	Worksheet Description: Payroll Reports - Adjustments - WC Payroll Summary - Reconcile to SUTA
			3 State Total	4 Adjust Payroll Add CSSG 2nd 1 Q 2016 P/R*	13									
148 NJ													15 % of Payroll by Class Code by State	
149 8014		53,483		13,478		65,962				66,962				100.0%
150 9182		17,088	70,572	4,307		21,396				21,396				75.9%
151 NY														24.2%
152 2003		34,321		11,879		46,200								100.0%
163 2110		39,972		13,835		53,807								1.4%
147 194		47,194		16,334		63,528								1.6%
155 6111		4,357		1,504		5,865								1.9%
156 8203		47,302		16,372		63,674								0.2%
157 8263		13,441		4,652		18,093								1.9%
158 8285		35,147		12,165		47,312								0.6%
159 8292		148,581		51,418		199,979								1.4%
160 8810		1,182,537		402,363		1,584,900								6.0%
161 9052		820,574		214,785		835,360								48.8%
162 9058		10,142		3,510		13,652								24.9%
163 9043		78,582		54,822		133,404								0.4%
164 9085 - Not a valid code		21,110		-21,110		0								3.1%
165 9101		232,003	2,483,243	80,298		312,301								0.6%
166 NY														9.3%
167 5022		36,813		5,852		42,765						42,765		100.0%
168 5474		1,400		228		1,628						1,628		1.0%
169 5806		10,812		1,748		12,560						12,560		0.0%
170 5845		12,280		1,965		14,245						14,245		0.3%
171 7219		226,790		36,967		263,757						263,757		0.3%
172 7380		63,148		10,206		73,355						73,355		6.3%
173 7600		1,530,058		247,378		1,777,438						1,777,438		1.7%
174 8385		9,600		1,852		11,452						11,452		1.7%
175 8742		80,207		12,988		93,175						93,175		0.3%
176 8809		95,520		15,444		110,964						110,964		2.2%
177 8810		1,451,583		234,892		1,686,296						1,686,296		2.6%
178 9014		78,030		12,816		90,846						90,846		40.2%
179 9402		12,849	3,608,899	2,045		14,894						14,894		2.2%
180 OR														0.4%
181 2802		238,222		112,897		350,819								100.0%
182 3507		26,485		12,529		39,015								88.3%
183 8810		5,130	249,838	2,427		7,557								9.8%
184 PA														1.9%
185 524		17,588		3,139		20,727							20,727	2.7%
186 527		1,500		288		1,788							1,788	0.2%
187 810		27,897		4,843		32,940							32,940	4.2%
188 811		32,266		5,759		38,025							38,025	4.8%
189 817		122,834		21,842		144,676							144,676	18.5%
190 882		105,857		23,014		128,871							128,871	19.2%
191 891		32,290		5,783		38,053							38,053	4.9%
192 921		124,468		22,216		146,685							146,685	18.0%
193 951		54,337		9,888		64,225							64,225	8.3%
194 953		132,015		23,744		155,759							155,759	20.2%
195 0882 - S/G 882		3,496		-3,496										0.5%
196 0853 - S/G 853		154	854,804	-154										0.0%

R Dylang Associates, Inc.

60128 Countrywide PEO

10 CSSG



Guarantee Insurance Company
Countywide PEO, Inc.
WCP500706010NC
2nd 1 Qtr 2018 PIR*

Audit Worksheet
Control Number
Policy Period
Audit Period

Worksheet Description:
Payroll Reports - Adjustments - WC Payroll
Summary - Reconcile to SUTA

Countywide PEO, Inc. Policy Number	2	3	4	5	6	7	8	9	10	11	12	13	14	15
	Gross Wages	State Total	Adjust Payroll	WC Payroll	Excluded Sales Payroll	WCP Masker	WCP GIC	WCP GIC	WCP GIC	WCP GIC	WCP GIC	WCP GIC	WCP GIC	% of Payroll by Class Code by State
197 50	214,549	28,185	243,733	243,733	243,733	243,733	243,733	243,733	243,733	243,733	243,733	243,733	243,733	100.0%
198 2305	1,566	213	1,779	1,779	1,779	1,779	1,779	1,779	1,779	1,779	1,779	1,779	1,779	2.9%
199 2417	28,533	4,017	33,550	33,550	33,550	33,550	33,550	33,550	33,550	33,550	33,550	33,550	33,550	0.0%
200 2802	21,443	2,817	24,260	24,260	24,260	24,260	24,260	24,260	24,260	24,260	24,260	24,260	24,260	0.4%
201 3030	188,035	25,578	213,613	213,613	213,613	213,613	213,613	213,613	213,613	213,613	213,613	213,613	213,613	0.3%
202 3076	45,057	6,128	51,185	51,185	51,185	51,185	51,185	51,185	51,185	51,185	51,185	51,185	51,185	2.6%
203 3113	825	112	937	937	937	937	937	937	937	937	937	937	937	0.0%
204 3146	89,445	9,448	98,893	98,893	98,893	98,893	98,893	98,893	98,893	98,893	98,893	98,893	98,893	0.0%
205 3385	19,814	2,865	22,679	22,679	22,679	22,679	22,679	22,679	22,679	22,679	22,679	22,679	22,679	0.0%
206 3612	387,134	49,941	437,075	437,075	437,075	437,075	437,075	437,075	437,075	437,075	437,075	437,075	437,075	0.3%
207 3632	129,077	17,568	146,645	146,645	146,645	146,645	146,645	146,645	146,645	146,645	146,645	146,645	146,645	0.0%
208 3648	78,074	10,348	88,422	88,422	88,422	88,422	88,422	88,422	88,422	88,422	88,422	88,422	88,422	1.8%
209 3724	15,270	2,077	17,347	17,347	17,347	17,347	17,347	17,347	17,347	17,347	17,347	17,347	17,347	1.0%
210 3808	2,178	286	2,464	2,464	2,464	2,464	2,464	2,464	2,464	2,464	2,464	2,464	2,464	0.2%
211 3824	185,382	25,217	210,599	210,599	210,599	210,599	210,599	210,599	210,599	210,599	210,599	210,599	210,599	0.0%
212 4021	52,180	12,875	65,055	65,055	65,055	65,055	65,055	65,055	65,055	65,055	65,055	65,055	65,055	2.5%
213 4082	5,246	714	5,960	5,960	5,960	5,960	5,960	5,960	5,960	5,960	5,960	5,960	5,960	1.3%
214 4283	294,713	40,068	334,781	334,781	334,781	334,781	334,781	334,781	334,781	334,781	334,781	334,781	334,781	0.1%
215 4410	165,861	22,535	188,396	188,396	188,396	188,396	188,396	188,396	188,396	188,396	188,396	188,396	188,396	4.0%
216 4484	89,926	9,512	99,438	99,438	99,438	99,438	99,438	99,438	99,438	99,438	99,438	99,438	99,438	2.3%
217 4558	13,713	1,865	15,578	15,578	15,578	15,578	15,578	15,578	15,578	15,578	15,578	15,578	15,578	1.0%
218 5022	42,787	5,820	48,607	48,607	48,607	48,607	48,607	48,607	48,607	48,607	48,607	48,607	48,607	0.2%
219 5148	638,844	88,874	727,718	727,718	727,718	727,718	727,718	727,718	727,718	727,718	727,718	727,718	727,718	0.8%
220 5183	33,328	4,534	37,862	37,862	37,862	37,862	37,862	37,862	37,862	37,862	37,862	37,862	37,862	8.7%
221 5190	780	107	887	887	887	887	887	887	887	887	887	887	887	0.5%
222 5213	1,063,723	144,886	1,208,609	1,208,609	1,208,609	1,208,609	1,208,609	1,208,609	1,208,609	1,208,609	1,208,609	1,208,609	1,208,609	0.0%
223 5221	280,831	35,453	316,284	316,284	316,284	316,284	316,284	316,284	316,284	316,284	316,284	316,284	316,284	14.5%
224 5403	34,815	4,749	39,564	39,564	39,564	39,564	39,564	39,564	39,564	39,564	39,564	39,564	39,564	3.6%
225 5437	1,040	141	1,181	1,181	1,181	1,181	1,181	1,181	1,181	1,181	1,181	1,181	1,181	0.6%
226 5473	455	82	537	537	537	537	537	537	537	537	537	537	537	0.0%
227 5474	71,012	9,680	80,692	80,692	80,692	80,692	80,692	80,692	80,692	80,692	80,692	80,692	80,692	0.0%
228 5478	18,010	2,568	20,578	20,578	20,578	20,578	20,578	20,578	20,578	20,578	20,578	20,578	20,578	1.0%
229 5535	29,388	3,998	33,386	33,386	33,386	33,386	33,386	33,386	33,386	33,386	33,386	33,386	33,386	0.3%
230 5806	38,589	5,248	43,837	43,837	43,837	43,837	43,837	43,837	43,837	43,837	43,837	43,837	43,837	0.4%
231 6217	18,548	2,523	21,071	21,071	21,071	21,071	21,071	21,071	21,071	21,071	21,071	21,071	21,071	0.5%
232 6308	78,315	10,381	88,696	88,696	88,696	88,696	88,696	88,696	88,696	88,696	88,696	88,696	88,696	0.3%
233 6824	96,722	13,187	109,909	109,909	109,909	109,909	109,909	109,909	109,909	109,909	109,909	109,909	109,909	1.0%
234 7228	2,827	385	3,212	3,212	3,212	3,212	3,212	3,212	3,212	3,212	3,212	3,212	3,212	1.3%
235 7228	72,207	9,822	82,029	82,029	82,029	82,029	82,029	82,029	82,029	82,029	82,029	82,029	82,029	0.0%
236 7380	728	95	823	823	823	823	823	823	823	823	823	823	823	1.0%
237 8018	870,078	118,355	988,433	988,433	988,433	988,433	988,433	988,433	988,433	988,433	988,433	988,433	988,433	0.0%
238 8282	187,268	25,480	212,748	212,748	212,748	212,748	212,748	212,748	212,748	212,748	212,748	212,748	212,748	11.8%
239 8742	888,240	120,828	1,009,068	1,009,068	1,009,068	1,009,068	1,009,068	1,009,068	1,009,068	1,009,068	1,009,068	1,009,068	1,009,068	2.5%
240 8810	119,838	16,381	136,219	136,219	136,219	136,219	136,219	136,219	136,219	136,219	136,219	136,219	136,219	12.1%
241 8829	343,883	4,288	348,171	348,171	348,171	348,171	348,171	348,171	348,171	348,171	348,171	348,171	348,171	1.6%
242 8833	372,361	50,781	423,142	423,142	423,142	423,142	423,142	423,142	423,142	423,142	423,142	423,142	423,142	0.4%
243 8833	137,800	18,745	156,545	156,545	156,545	156,545	156,545	156,545	156,545	156,545	156,545	156,545	156,545	5.1%
244 9014	5,520	781	6,301	6,301	6,301	6,301	6,301	6,301	6,301	6,301	6,301	6,301	6,301	1.9%
245 9102														0.1%

R Dylong Associates, Inc.

60128 Countywide PEO

11 CSSG

33333

AUDIT WORKSHEET									
Company Insured	Policy Number	1	2	3	4	5	6	7	8
Countrywide Staffing Solutions Group (CSSG)	WCP500070801GIC	State	Gross Wages	State Total	Adjust Payroll	WCP Payroll	Excluded States Payroll	WCP	WCP
		State and Class Code			2nd 1 Q1 2016 PIR*			500089701	500089701
								GIC	GIC
								Master	LA
248 9402			520	71	591				
247 8501			236,336	32,148	268,485				
248 TN									
248 1925			354,047	52,838	406,885				
250 3532			253	39	291				
251 7223			299,807	44,594	343,401				
252 7229			340,512	50,818	391,330				
253 7380			259,873	38,604	297,278				
254 8390			34,096	5,089	39,184				
255 8810			290,598	39,892	330,490				
256 9402			10,362	1,548	11,909				
257 TX									
258 2681			21,529	3,175	24,704				
259 7600			91,993	13,587	105,580				
260 8227			287,903	42,460	330,363				
261 8810			8,030	1,184	9,215				
262 9402			4,817	681	5,298				
263 VA									
264 8742			28,135	5,791	31,926				
265 9014			29,211	5,908	32,019				
266 9402			2,821	625	3,446				
267 WV									
268 9402			3,904	3,904	3,904				
269									
270 Total			32,139,258	9,225,488	41,299,746				
271									
272 Reconcile to SUTA Reports									
273									
274									
275									
276 6002015			186,797	Master	32,891,539				
277 3 Q1 2015			39,981,957	LA	89,650				
278 4 Q1 2015			38,991,539	NJ	88,258				
279 1 Q1 2016 - Report 1*			381,813	NY	3,358,173				
280 4/1/16 to 4/2/2016			28,041	NY	4,192,383				
281 Subtotal SUTA Reports			79,283,947	PA	771,441				
282 Excluded States Payroll			-47,152,979						
283 Subtotal			32,139,968						
284 1 Q1 2016 - Report 2*			10,189,519						
285 Excluded States Payroll			-985,233						
286 Subtotal			41,381,254						
287 Adjust for difference			-1,510						
288 WC Payroll			41,359,744						
289									
290									
291									
292									
293									

Worksheet Description:
Payroll Reports - Adjustments - WC Payroll
Summary - Reconcile to SUTA

60128
6/30/2015-4/2/2016
6/30/2015-4/2/2016

Control Number
Policy Period
Audit Period

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0.0%
3.2%
100.0%
22.7%
0.0%
19.2%
21.8%
18.8%
2.2%
16.7%
0.7%
100.0%
5.2%
22.2%
89.5%
1.8%
1.1%
100.0%
47.4%
47.5%
5.1%
100.0%
100.0%

% of Payroll
by Class
Code by
State

60128 Countrywide PEO

R Dylong Associates, Inc.

12 C55G

579

3336

Company Invoiced	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Policy Number	Countrywide PEO	Countrywide PEO	Gross Wages	Client Total	Share Total	Audit Payroll	VWC Payroll	Excluding States	VWC						
1 FL															
2 ALL ABOUT YOU HOME CARE INC			3,861	6,291		3,861			3,861						
3 BK10			2,330			2,330			2,330						
4 BK25															
5 All About You Home Care, Inc															
6 BK10															
7 BK35			69,321	121,239		21,918			21,918						
8 AMERICARE ASSISTED LIVING INC						99,321			99,321						
9 BK10			11,933			11,933			11,933						
10 BK24			66,218			66,218			66,218						
11 BK25			31,474			31,474			31,474						
12 BK28			7,351	120,976		7,351			7,351						
13 Americare Assisted Living, Inc															
14 BK10			17,417			17,417			17,417						
15 BK24			66,023			66,023			66,023						
16 BK25			34,399			34,399			34,399						
17 BK28			6,914	144,745		6,914			6,914						
18 BK10															
19 BK25			155,546	155,546		155,546			155,546						
20 Express Personnel Assoc Corp															
21 BK10			210,961	210,961		210,961			210,961						
22 MARTINEZ M-BORRY															
23 BK25			2,332	2,332		2,332			2,332						
24 HAY MONROE GROUP INC															
25 BK10			63,621			63,621			63,621						
26 BK25			96,194	182,215		96,194			96,194						
27 Mary Monroe Group, Inc															
28 BK10			161,228			161,228			161,228						
29 BK25			159,866	236,827		159,866			159,866						
30 Northwest FL Land Clearing, Inc															
31 BK17			43,627			43,627			43,627						
32 BK10			18,474	62,161		18,474			18,474						
33 NORTHWEST FL LAND CLEARING															
34 BK17			32,929			32,929			32,929						
35 BK10			8,900	40,928		8,900			8,900						
36 RIGHT HOME EASTERN HILLSBOROUGH COUNTY															
37 BK10			26,538			26,538			26,538						
38 BK25			74,335	113,673		74,335			74,335						
39 S. J. D. FRAMERS INC															
40 BK15			1,808	1,808		1,808			1,808						
41 STAA BASE DEVELOPMENT CO INC															
42 BK28			12,800			12,800			12,800						
43 BK17			3,190			3,190			3,190						
44 BK10			16,300	22,290		16,300			16,300						
45 Star Base Development Co Inc															
46 BK25			18,208			18,208			18,208						
47 BK17			8,216			8,216			8,216						
48 BK10			25,530	52,000		25,530			25,530						
49 MD															

Company Insured	Policy Number	1	2	Guarantee Insurance Company				AUDIT WORKSHEET				Worked Description				
				3	4	5	6	7	8	9	10	11	12	13	14	15
Countrywide PEO				Gross Wages	Client Total	Share Total	Amount Payroll	WC Payroll	Excluded Status	WCP	OK	Payroll Reports - Adjustments - WC Payroll Summary - Notable to SUTA				
50 LOGISTICS PRO ENTERPRISES INC																
51 8044				1,245,218				1,245,218		1,245,218						
52 8610				23,840	1,269,058			23,840		23,840						
53 NJ						218,798										
54 NATURE SCAPES COMPANY																
55 9102				39,593	39,593			39,593		39,593						
56 Nature Scapes Company																
57 9102				177,208	177,208			177,208		177,208						
58 PA						153,368										
59 NEWTOWN FIREPROOFING LLC																
60 527				1,500	1,500			1,500		1,500						
61 B. WAGNER TRUCKING INC																
62 811				15,584	15,584			15,584		15,584						
63 WILLIAM STILL LLC																
64 807				52,187				52,187		52,187						
65 953				12,342	84,579			12,342		12,342						
66 WILLIAM STILL LLC																
67 807				53,470				53,470		53,470						
68 953				18,256	71,725			18,256		18,256						
69																
70 Total				3,127,562	3,127,562	3,127,562		3,127,562		3,127,562						
71																
72 Reverts to SUTA Reports																
73 31 - Countywide PEO, Inc																
74 30 - Countywide PEO 1, Inc																
75 32 - Countywide PEO 2, Inc																
76																
77 Countywide PEOs 1&2 Total																
78																
79 8007015				8,081,156				8,081,156		8,081,156						
80 3 Q 2015																
81 4 Q 2015																
82 1 Q 2016																
83 4/1/16 to 4/22/16																
84				13,294,246				13,294,246		13,294,246						
85 Excluded Since Payroll				-1,000,000				-1,000,000		-1,000,000						
86 SUTA Report				12,294,246				12,294,246		12,294,246						
87 Payroll Reported on																
88 SUTA Policy				3,127,562				3,127,562		3,127,562						
89 WC Payroll																
90																
91																
92																
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R Dylang Associates, Inc.

8/1/28 Countywide PEO

14 Countywide PEO

Company Issued	Policy Number	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	Worksheet Description:
Worldwide Staffing Recesses Inc FEIN 44-447314																	Worldwide Staffing - SUTA Reports
State																	Guarantee Excluded Status
11AR																	Guarantee Excluded Status
2 AZ																	Guarantee Excluded Status
3 CA																	Guarantee Excluded Status
4 CO																	Guarantee Excluded Status
5 CT																	Guarantee Excluded Status
6 FL																	Guarantee Excluded Status
7 GA																	Guarantee Excluded Status
8 IL																	Guarantee Excluded Status
9 IN																	Guarantee Excluded Status
10 KS																	Guarantee Excluded Status
11 KY																	Guarantee Excluded Status
12 LA																	Guarantee Excluded Status
13 MA																	Guarantee Excluded Status
14 MD																	Guarantee Excluded Status
15 ME																	Guarantee Excluded Status
16 MI																	Guarantee Excluded Status
17 MO																	Guarantee Excluded Status
18 MS																	Guarantee Excluded Status
19 MT																	Guarantee Excluded Status
20 NC																	Guarantee Excluded Status
21 ND																	Guarantee Excluded Status
22 NE																	Guarantee Excluded Status
23 NH																	Guarantee Excluded Status
24 NJ																	Guarantee Excluded Status
25 NM																	Guarantee Excluded Status
26 NY																	Guarantee Excluded Status
27 OH																	Guarantee Excluded Status
28 OK																	Guarantee Excluded Status
29 OR																	Guarantee Excluded Status
30 PA																	Guarantee Excluded Status
31 RI																	Guarantee Excluded Status
32 SC																	Guarantee Excluded Status
33 TN																	Guarantee Excluded Status
34 TX																	Guarantee Excluded Status
35 UT																	Guarantee Excluded Status
36 VA																	Guarantee Excluded Status
37 WA																	Guarantee Excluded Status
38 WI																	Guarantee Excluded Status
39 WV																	Guarantee Excluded Status
40																	Guarantee Excluded Status
41 * Payroll shown here on 42 report for audit state tax																	Guarantee Excluded Status
43 (AZ, CA, GA, IL, MI, MO, NY, SC)																	Guarantee Excluded Status
44																	Guarantee Excluded Status
45 Total																	Guarantee Excluded Status
46																	Guarantee Excluded Status
47																	Guarantee Excluded Status
48																	Guarantee Excluded Status
49																	Guarantee Excluded Status
50																	Guarantee Excluded Status

AUDIT WORKSHEET									
Company Insured	Policy Number	Guarantee Insurance Company	Contract Number	Policy Period	Policy Period	4/1/18 to 4/22/2016	4/1/18 to 4/22/2016	4/1/18 to 4/22/2016	4/1/18 to 4/22/2016
Worldwide Staffing Resources Inc	FEH 46-4467314	Worldwide Staffing Resources Inc	8000015-4222016	8/30/2015-4/22/2016	8/30/2015-4/22/2016	8/30/2015-4/22/2016	8/30/2015-4/22/2016	8/30/2015-4/22/2016	8/30/2015-4/22/2016
State									
51									
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AUDIT WORKSHEET									
Company Insured Policy Number	16 SUTA Detail From Pay Plus	17 Total Gross Wages	18 Summary 1-5 Gross Wages	19 3 Q 2015 Gross Wages	20 4 Q 2015 Gross Wages	21 1 Q 2016 Gross Wages	22 2 Q 2016 Gross Wages	23 3 Q 2016 Gross Wages	24 4 Q 2016 Gross Wages
1 01 - Countrywide Staffing Solutions Group (CS302)									
2 AL		1,095,982		815,548	780,154				
3 AZ		3,025,335		1,829,043	1,795,292				
4 CA		42,550,468	184,987	21,595,448	20,977,123				
5 CO		114,551		52,900	121,851				
6 CT		864			864				
7 DE		3,003,134		1,693,894	1,809,278				
8 FL		1,481,474		815,889	665,356				
9 GA		286,350	1,800	147,433	125,987				
10 IA		23,008		9,385	15,328				
11 ID		1,767,410		861,582	865,429				
12 IL		461,018		162,815	288,400				
13 IN		33,538		12,895	30,071				
14 KY		208,017		38,946	189,021				
15 LA		47,025		13,017	34,008				
16 MA		253,985		134,723	120,072				
17 MD		438,308		252,802	265,607				
18 MI		2,456		2,456	2,456				
19 MN		21,291		17,388	3,903				
20 MO		67,329		48,887	17,199				
21 MS		25,140		10,467	14,870				
22 NC		1,822,722		840,853	799,996				
23 ND		102,772		47,533	38,239				
24 NE		1,183,359		668,381	917,267				
25 NJ		148,974		74,964	70,500				
26 NY		1,299,382		643,707	662,385				
27 NY		4,746,910		2,488,382	2,251,928				
28 OH		34,231		13,015	25,236				
29 OR		183,880		82,001	107,892				
30 PA		1,123,088		543,221	525,141				
31 RI		64,074		30,000	25,984				
32 SC		8,300,780		4,089,098	4,211,086				
33 TN		1,189,881		531,312	333,547				
34 TX		2,228,564		1,182,128	1,044,376				
35 VA		58,712		33,478	25,234				
36 WI		7,287		2,990	1,803				
37		79,215,947	184,797	36,849,957	36,849,957				
38 Total - CSG									
39									
40									
41									
42									
43 31 - Countrywide PEO, Inc									
44 CA		1,000,123		546,096	452,027				
45 CT									
46 FL		84,438		42,857	41,781				
47 GA		42,820		22,204	19,416				
48 LA		17,328		16,457	1,071				
49 NJ		4,807							
50 PA		86,318			66,318				
* True (2) reconciliations for 1 Q 2016 - There is another 1 Q 2016 report with an additional \$10 million in payroll - different employees than the ones on this report									
CSGO & Countrywide PEO SUTA Reports									
Worksheet Description									
Excluded States Payroll									
Included States Payroll									
Other States									
1,095,982									
174,551									
3,025,335									
42,550,468									
26,008									
1,767,410									
33,538									
208,017									
47,025									
438,308									
2,456									
21,291									
87,329									
25,140									
1,822,722									
1,183,359									
148,974									
1,898,292									
4,746,910									
183,880									
1,123,088									
8,300,780									
1,189,881									
2,228,564									
58,712									
7,287									
32,936,986									
47,182,979									
1,000,123									
84,438									
42,820									
17,328									
4,807									
86,318									
42,870									
17,528									
4,807									
69,318									

* Two (2) months payrolls for 1 Q 2018 - There is another 1 Q 2018 report with an additional \$10 million in payroll - different employee than the ones on this report

60128 Countrywide PEO

R Dylong Associates, Inc

17 SUTA

Company Internal Policy Number	16 SUTA Detail From Pay Plus	17 Total Gross Wages	18 Summary Gross Wages	19 6/30/2015 Gross Wages	20 3 Q 2015 Gross Wages	21 3 Q 2015 Gross Wages	22 4 Q 2015 Gross Wages	23 1 Q 2016 16 Report Gross Wages	24 4/1/16 to 4/23/2016 Gross Wages	25 4/1/16 to 4/23/2016 Gross Wages	26 4/1/16 to 4/23/2016 Gross Wages	27	28	29	30	
51 TN		1,478,244			680,162	680,162	786,142									
52 UT		3,475					1,475									
53																
54 Total		2,798,863			1,359,818	1,359,818	1,388,837								1,388,837	1,388,866
55																
56																
57																
58																
59 30 - Countywide PEO 1, Inc.																
60 FL		10,361,260			4,838,143	4,838,143	5,862,247									10,361,260
61 GA		1,215			1,215	1,215										1,215
62 IL		2,281			2,281	2,281							IL		2,281	
63 CA		680					680						CA		680	
64 NC		23,000					23,000									23,000
65																
66 Total		10,398,846			4,798,639	4,798,639	5,897,937								2,361	10,397,665
67																
68																
69																
70 32 - Countywide PEO 2, Inc.																
71 NJ		200,127			94,000	94,000	145,127									200,127
72																
73 Total		200,127			94,000	94,000	145,127									200,127
74																
75 Grand Total		11,398,346			9,881,166	9,881,166	7,213,891								1,060,064	12,397,487
76 Countywide PEOs 1 & 2 TN																
77																
78																
79																
80																
81																
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Company Insured		Guarantee Insurance Company		ALERT WORKSHEET		Worked Description:	
Policy Number	State Income Tax or SUTA Detail 1 Q 2016	Policy Number	State Income Tax or SUTA Detail 1 Q 2016	Control Number	Policy Period	2nd Report for 1 Q 2016	OSSG
194 - Countywide Staffing Solutions Group (CS 80)	1 Q 2016 - CS 80	WCP-300788110C	1 Q 2016 - CS 80	51605	6/30/2015-4/23/2016	6/30/2015-4/23/2016	45
2 AL	State Income Tax	32	860,770	36	37	38	39
3 AZ	State Income Tax	33	515,731	35	36	37	38
4 CA	State Income Tax	34	170,061	36	37	38	39
5 CO	State Income Tax	35	1,122,371	37	38	39	40
6 CT	State Income Tax	36	525,224	38	39	40	41
7 DE	State Income Tax	37	153,641	39	40	41	42
8 FL	State Income Tax	38	51,510	40	41	42	43
9 GA	State Income Tax	39	746,780	41	42	43	44
10 IA	State Income Tax	40	189,229	42	43	44	45
11 ID	State Income Tax	41	10,118	43	44	45	
12 IL	State Income Tax	42	590,380	44	45		
13 IN	State Income Tax	43	20,785	45			
14 KY	State Income Tax	44	17,674	46			
15 LA	State Income Tax	45	1,053,761	47			
16 MA	State Income Tax	46	4,785				
17 MD	State Income Tax	47	62,131				
18 MI	State Income Tax	48	22,797				
19 MN	State Income Tax	49	362,319				
20 MO	State Income Tax	50	64,585				
21 MS	State Income Tax	51	438,088				
22 NC	State Income Tax	52	17,788				
23 ND	State Income Tax	53	862,830				
24 NE	State Income Tax	54	581,464				
25 NJ	State Income Tax	55	18,098				
26 NV	State Income Tax	56	127,653				
27 NY	State Income Tax	57	118,837				
28 OH	State Income Tax	58	16,973				
29 OK	State Income Tax	59	1,001,162				
30 PA	State Income Tax	60	232,419				
31 RI	State Income Tax	61	61,067				
32 SC	State Income Tax	62	12,224				
33 TN	State Income Tax	63	95,862				
34 TX	State Income Tax	64	3,808				
35 VA	State Income Tax	65	18,251				
36 WI	State Income Tax	66					
37 WY	State Income Tax	67					
38 WY	State Income Tax	68					
39 SD	State Income Tax	69					
40	41 Total - OSSG - 1 Q 2016	70	16,166,899				
41	42	71					
42	43	72					
43	44	73					
44	45	74					
45	46	75					
46	47	76					
47	48	77					
48	49	78					
49	50	79					
50	51	80					

Two (2) employees for 1 Q 2016. These 2 employees are different employees than the ones on this report. Compared names of employees on the reports with the 4 Q 2015, and, many of the same employees were on the 4 Q 2015. There were claims in the 1 Q 2016 for employees in this report. Payroll was not included in the payroll report by close code, therefore, the payroll was allocated to the appropriate state based on the payroll in the various claim codes.

48: Payroll for Federal reports for confirmed unemployment:
 49: Federal Income Tax 9,829,751
 50: FICA Medicare 9,809,751

Company Inured Policy Number	Guarantee Insured Company Countywide PEO, Inc WCP000706100C	AUDIT WORKSHEET				Worksheet Description
		Control Number 6002018-422/2018	Policy Period 6/30/2018-4/22/2019	Audit Period 6/30/2018-4/22/2019	2nd Report for 1 Q 2018 CSBG	
31	33	34	35	36	37	38
State Income Tax or SUTA Detail 1 Q 2018	32	34	35	36	37	38
This is the 2nd Report for 1 Q 2018 - CSBG	32	34	35	36	37	38
1 Q 2018 2nd Report Gross Wages	32	34	35	36	37	38

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60126 Countywide PEO

R Dylong Associates, Inc.

20 SUTA

Company Insured Policy Number		Guarantee Insurance Company Countywide PEO, Inc. WCP00070001GNC		Audit Worksheet		Control Number 81028		Worksheet Description	
State		Company		SUTA Rpts		Payroll Rpts		Differences	
46		47		48		49		50	
SUTA Rpts		SUTA Rpts		SUTA Rpts		Payroll Rpts		Differences	
Total		Total		Total		Total		Total	
Gross		Gross		Gross		Gross		Gross	
Wages		Wages		Wages		Wages		Wages	
6,194		6,194		6,194		6,194		6,194	
16,008		16,008		16,008		16,008		16,008	
136,354		136,354		136,354		136,354		136,354	
8,036		8,036		8,036		8,036		8,036	
23,195		23,195		23,195		23,195		23,195	
1,640,658		1,640,658		1,640,658		1,640,658		1,640,658	
754,478		754,478		754,478		754,478		754,478	
145,807		145,807		145,807		145,807		145,807	
402,751		402,751		402,751		402,751		402,751	
107,372		107,372		107,372		107,372		107,372	
1,081,319		1,081,319		1,081,319		1,081,319		1,081,319	
11,891		11,891		11,891		11,891		11,891	
324		324		324		324		324	
16,502		16,502		16,502		16,502		16,502	
3,087		3,087		3,087		3,087		3,087	
11,464		11,464		11,464		11,464		11,464	
14,565		14,565		14,565		14,565		14,565	
8,329		8,329		8,329		8,329		8,329	
94		94		94		94		94	
2,041,646		2,041,646		2,041,646		2,041,646		2,041,646	
1,177		1,177		1,177		1,177		1,177	
425		425		425		425		425	
8,145		8,145		8,145		8,145		8,145	
1,665,307		1,665,307		1,665,307		1,665,307		1,665,307	
3,188		3,188		3,188		3,188		3,188	
3,254		3,254		3,254		3,254		3,254	
75,873		75,873		75,873		75,873		75,873	
105,999		105,999		105,999		105,999		105,999	
13,845		13,845		13,845		13,845		13,845	
202,064		202,064		202,064		202,064		202,064	
116		116		116		116		116	
818,100		818,100		818,100		818,100		818,100	
642,899		642,899		642,899		642,899		642,899	
73,339		73,339		73,339		73,339		73,339	
1,890		1,890		1,890		1,890		1,890	
814		814		814		814		814	
2,654		2,654		2,654		2,654		2,654	
32,484		32,484		32,484		32,484		32,484	
67,371		67,371		67,371		67,371		67,371	
41		41		41		41		41	
42 Total - Worldwide		42 Total - Worldwide		42 Total - Worldwide		42 Total - Worldwide		42 Total - Worldwide	
43		43		43		43		43	
44 Countywide Staffing		44 Countywide Staffing		44 Countywide Staffing		44 Countywide Staffing		44 Countywide Staffing	
45 Solutions Group (CSG)		45 Solutions Group (CSG)		45 Solutions Group (CSG)		45 Solutions Group (CSG)		45 Solutions Group (CSG)	
46		46		46		46		46	
47		47		47		47		47	
48 AL		48 AL		48 AL		48 AL		48 AL	
49 AZ		49 AZ		49 AZ		49 AZ		49 AZ	
50 CA		50 CA		50 CA		50 CA		50 CA	

NOTE: CSG
There were large variances between the payroll reports and the SUTA reports gross wages by state for CSG. Total for included states is close, both were \$32.1 million. The payroll by state on the SUTA is not reflective of the payroll where the employees worked, but the client's home state.

Note: Worldwide Staffing Resources, Inc.
Worldwide Staffing Resources' SUTA reports gross wages were \$1,639,258 more than the payroll reports. In states covered by Worldwide's policy, it seems that in preparing the reports the payroll reported out, and should be included in the CSG gross wages. This was discussed with the controller, Jenn Hot. The insured could not determine the specific classification to which the payroll is. This difference was allocated to the appropriate state based on the payroll in the various case codes.

AUDIT WORKSHEET									
Company		Guarantee Insurance Company		Combined Number		Worksheet Description			
Policy Number		Countywide PEO, Inc		Policy Period		6/30/2015-4/22/2016		6/30/2015-4/22/2016	
46		47		48		49		50	
State		SUTA Rate		SUTA Rate		SUTA Rate		SUTA Rate	
51 CO		Total		Excluded		Excluded		Excluded	
52 CT		Gross		Payroll		Payroll		Payroll	
53 DE		Wages		Other States		Other States		Other States	
54 FL		174,551		174,551		249,753		249,753	
55 GA		884		884		48,237		48,237	
56 IA		3,603,134		3,603,134		3,531,877		3,531,877	
57 ID		1,481,474		1,481,474		1,089,949		1,089,949	
58 IL		249,350		249,350		1,552,201		1,552,201	
59 IN		28,008		28,008		2,589,809		2,589,809	
60 KY		1,787,410		1,787,410		33,536		33,536	
61 LA		451,018		451,018		1,436,183		1,436,183	
62 MA		33,536		33,536		26,098		26,098	
63 MD		206,017		206,017		494,178		494,178	
64 MI		47,025		47,025		5,302		5,302	
65 MN		255,595		255,595		13,726		13,726	
66 MO		438,509		438,509		20,349		20,349	
67 MS		21,291		21,291		3,877,298		3,877,298	
68 NC		2,456		2,456		19,302		19,302	
69 ND		87,328		87,328		78,482		78,482	
70 NE		25,140		25,140		-623,851		-623,851	
71 NJ		1,832,722		1,832,722		1,132,011		1,132,011	
72 NY		102,772		102,772		-105,945		-105,945	
73 OH		1,185,528		1,185,528		471,465		471,465	
74 OK		148,974		148,974		1,000,806		1,000,806	
75 OR		1,899,362		1,899,362		-447,458		-447,458	
76 PA		4,740,910		4,740,910		1,812,430		1,812,430	
77 RI		38,251		38,251		3,545		3,545	
78 SC		188,893		188,893		2,884		2,884	
79 TN		1,123,069		1,123,069		1,208,859		1,208,859	
80 TX		64,074		64,074		3,177,965		3,177,965	
81 VA		8,360,780		8,360,780		147,824		147,824	
82 VT		1,106,881		1,106,881		153,369		153,369	
83 WV		2,228,504		2,228,504		1,208,859		1,208,859	
84		56,712		56,712		3,177,965		3,177,965	
85		7,287		7,287		147,824		147,824	
86		1,000,803		1,000,803		1,208,859		1,208,859	
87		10,445,828		10,445,828		1,208,859		1,208,859	
88		43,835		43,835		1,208,859		1,208,859	
89		2,281		2,281		1,208,859		1,208,859	
90		17,328		17,328		1,208,859		1,208,859	
91		23,000		23,000		1,208,859		1,208,859	
92		207,834		207,834		1,208,859		1,208,859	
93		69,318		69,318		1,208,859		1,208,859	
94		1,478,244		1,478,244		1,208,859		1,208,859	
95		3,475		3,475		1,208,859		1,208,859	
96		1,208,859		1,208,859		1,208,859		1,208,859	
97		1,208,859		1,208,859		1,208,859		1,208,859	
98		1,208,859		1,208,859		1,208,859		1,208,859	
99		1,208,859		1,208,859		1,208,859		1,208,859	
100		1,208,859		1,208,859		1,208,859		1,208,859	
101		1,208,859		1,208,859		1,208,859		1,208,859	
102		1,208,859		1,208,859		1,208,859		1,208,859	
103		1,208,859		1,208,859		1,208,859		1,208,859	
104		1,208,859		1,208,859		1,208,859		1,208,859	
105		1,208,859		1,208,859		1,208,859		1,208,859	

NOTE: Countywide PEO

Countywide PEO, Inc. & PEO 2, Inc. SUTA reports for the state included in the Guarantee policy are \$12,267,967 and the gross wages on the payroll reports are \$2,127,582. The difference is \$10,439,384. There is another workers compensation policy through BUNZ Insurance for Countywide PEO, Inc. The difference is probably made up of the payroll paid to the BUNZ Insurance policy as the Majority of Florida coverage was through BUNZ. Clients are included in the system to the county level have been reported on the policies to, and deduction on reporting in payroll is not based on that value. The payroll paid on the SUTA's is not necessarily reflective of the payroll where the employees worked, but, the client's home state.

AUDIT WORKSHEET										Worksheet Description:				
Company Insured	Control Number	Policy Period	Audit Period											
Policy Number	8	9	10	11	12	13	14	15						
941 Summary From Pay Plus	5	6	7	8	9	10	11	12	13	14	15			
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
941 Summary From Pay Plus	5	6	7	8	9	10	11	12	13	14	15			
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
941 Summary From Pay Plus	5	6	7	8	9	10	11	12	13	14	15			
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
941 Summary From Pay Plus	5	6	7	8	9	10	11	12	13	14	15			
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
941 Summary From Pay Plus	5	6	7	8	9	10	11	12	13	14	15			
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
941 Summary From Pay Plus	5	6	7	8	9	10	11	12	13	14	15			
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
941 Summary From Pay Plus	5	6	7	8	9	10	11	12	13	14	15			
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
941 Summary From Pay Plus	5	6	7	8	9	10	11	12	13	14	15			
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
941 Summary From Pay Plus	5	6	7	8	9	10	11	12	13	14	15			
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
941 Summary From Pay Plus	5	6	7	8	9	10	11	12	13	14	15			
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
941 Summary From Pay Plus	5	6	7	8	9	10	11	12	13	14	15			
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
941 Summary From Pay Plus	5	6	7	8	9	10	11	12	13	14	15			
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941 Summary From Pay Plus	5	6	7	8	9	10	11	12	13	14	15			
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R Dylong Associates, Inc.

60128 Countywide PEO

UNDERWRITING NOTICE

Company Guarantee Insurance Company
Insured CountryWide PEO, Inc.
Policy Number WCP500070801GIC

Control Number 61028
Policy Period 6/30/2015-4/22/2016
Audit Period 6/30/2015-4/22/2016

Notice to Underwriting/Supplemental Notes

- ☐ Address Change
- ☐ Change in Entity
- ☐ New Location
- ☐ Location Deleted

- ☐ Codes Added
- ☐ Codes Omitted
- ☐ Aircraft Operation
- ☐ Operations Started

- ☐ Operations Discontinued
- ☐ Leased Employees
- ☐ U.S. L. H. - Maritime
- ☐ Other:

Worldwide Staffing Resources, Inc.

Worldwide Staffing Resources's SUTA reports gross wages were \$1,636,258 more than the payroll reports in states covered by Guarantee's policy. It seems that in preparing the reports the payroll dropped out, and, should be included in the Guarantee policy. This was discussed with the controller, John Holt. The insured could not determine the specific classifications to assign the payroll to. This difference was allocated to the appropriate state based on the payroll in the various class codes.

Countrywide PEO

CountryWide PEO, Inc. & PEO 1, Inc. & PEO 2, Inc. SUTA reports for the states included in the Guarantee policy are \$12,287,687 and the gross wages on the payroll reports are \$3,127,562. The difference is \$10,428,984. There is another workers compensation policy through SUNZ Insurance for Countrywide PEO, Inc. The difference is primarily made up of the payroll that applies to the SUNZ Insurance policy as the majority of Florida coverage was through SUNZ. Clients are assigned in the system to the carrier they have been endorsed on the policies to, and information on reporting to carriers is run based on that criteria. The payroll by state on the SUTA's is not necessarily reflective of the payroll where the employees worked, but, the client's home state.

Countrywide Staffing Solutions Group (CSSG)

There were large variances between the payroll reports and the SUTA reports gross wages by state for CSSG. Total for included states is close, both were \$32.1 million - not including the second 1st Qt 2016 payroll noted in paragraph below. The payroll by state on the SUTA's is not reflective of the payroll where the employees worked, but, the client's home state. This \$32.1 million only included one (1) of the two (2) payrolls for the 1st quarter of 2016. See note below.

There were two (2) reports/payrolls for 1st Qt 2016 - One for \$381,613, and, a second for \$9,224,286 (\$10,189,519 less states excluded from the Guarantee policies \$965,233). The employees are on the second set of reports (\$9,224,286) are different employees than the ones on the first group of reports (\$381,613). The names of employees on the reports were compared with the 4 Qt 2015, and, many of the same employees were on the 4 Qt 2015. There were claims in the 1 Qt 2016 for employees in this report. Payroll was not included in the payroll report by class code, therefore, the payroll was allocated to the appropriate state based on the payroll in the various class codes.

Claims Review:

77 claims need the code corrected to agree with the employee's payroll code.
21 claimants could not be identified in the payroll records provided for the audit. See separate claims file.

R Dylong & Associates, Inc.
Premium Auditing Services
Rockwell, Texas

RDA- Audit Summary

ed 10/10

POLICY INFORMATION PAGE ENDORSEMENT

The following item(s):

- ☐ Insured's Name (WC 89 06 01)
- ☐ Policy Number (WC 89 06 02)
- ☐ Effective Date (WC 89 06 03)
- ☐ Expiration Date (WC 89 06 04)
- ☐ Insured's Mailing Address (WC 89 06 05)
- ☐ Experience Modification (WC 89 04 06)
- ☐ Producer's Name (WC 89 06 07)
- ☐ Change in Workplace of Insured (WC 89 06 08)
- ☐ Insured's Legal Status (WC 89 06 10)
- ☐ Item 3.A. States (WC 89 06 11)
- ☐ Item 3.B. Limits (WC 89 06 12)
- ☐ Item 3.C. States (WC 89 06 13)
- ☒ Item 3.D. Endorsement Numbers (WC 89 06 14)
- ☒ Item 4. Class, Rate, Other (WC 89 04 15)
- ☒ Interim Adjustment of Premium (WC 89 04 16)
- ☐ Carrier Servicing Office (WC 89 06 17)
- ☐ Interstate/Intrastate Risk ID Number (WC 89 06 18)
- ☐ Carrier Number (WC 89 06 19)
- ☐ Issuing Agency/Producer Office Address (WC 89 06 25)

is changed to read:

All other terms and conditions of this policy remain unchanged.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective 06/30/2015

Policy No. WCP500069701GIC

Endorsement No.

Insured CountryWide Staffing Solutions Group, Inc.

Premium INCL

Insurance Company Guarantee Insurance Company

Countersigned by _____

WC 89 06 00B
(Ed. 7-01)

PREMIUM DISCOUNT ENDORSEMENT

The premium for this policy and the policies, if any, listed in Item 3 of the Schedule may be eligible for a discount. This endorsement shows your estimated discount in Items 1 or 2 of the Schedule. The final calculation of premium discount will be determined by our manuals and your premium basis as determined by audit. Premium subject to retrospective rating is not subject to premium discount.

Schedule

1. State	Estimated Eligible Premium			
	First	Next	Next	Balance
TX	\$ 5,000.00	\$ 95,000.00	\$ 400,000.00	
2. Average percentage discount: 0.53%
3. Other policies:
4. If there are no entries in Items 1, 2 and 3 of the Schedule, see the Premium Discount Endorsement attached to your policy number:

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective 06/30/2015

Policy No. WCP500069701GIC

Endorsement No.

Insured CountryWide Staffing Solutions Group, Inc.

Premium INCL

Insurance Company Guarantee Insurance Company

Countersigned by _____

WC 00 04 06
(Ed. 8-84)

PREMIUM DISCOUNT ENDORSEMENT

The premium for this policy and the policies, if any, listed in Item 3 of the Schedule may be eligible for a discount. This endorsement shows your estimated discount in Items 1 or 2 of the Schedule. The final calculation of premium discount will be determined by our manuals and your premium basis as determined by audit. Premium subject to retrospective rating is not subject to premium discount.

Schedule

1. State	Estimated Eligible Premium			
	First	Next	Next	Balance
	\$ 0.00	\$ 0.00	\$ 0.00	
2. Average percentage discount: 0.53 %
3. Other policies:
4. If there are no entries in Items 1, 2 and 3 of the Schedule, see the Premium Discount Endorsement attached to your policy number:

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective 06/30/2015

Policy No. WCP500069701GIC

Endorsement No.

Insured CountryWide Staffing Solutions Group, Inc.

Premium INCL

Insurance Company Guarantee Insurance Company

Countersigned by _____

WC 00 04 06 A
(Ed. 7-95)

ENDORSEMENT

Date Prepared: 07/20/2015 FEIN: 47-2521516
Underwriting Company: Guarantee Insurance Company Carrier#: 20850
Name of Insured: CountryWide Staffing Solutions Group, Inc.
Insured Address: 707 Mendham Boulevard, Suite 201
Orlando, FL, 32825
Policy #: WCP500069701GIC
Policy Period: 06/30/2015 - 06/30/2016
Effective Date: 06/30/2015

INTENT OF ENDORSEMENT

Endorse to delete multiple employers from CountryWide Staffing Solutions Group, effective 06/30/2015

per PEO codes and payroll only clients are not insured - only employees

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

EXTENSION OF INFORMATION PAGE

Name and address of Insured
CountryWide Staffing Solutions Group, Inc.
707 Mendham Boulevard, Suite 201
Orlando, FL, 32825

Policy Number
WCP500069701GIC
Effective Date
06/30/2015

Item 1. Schedule of Named Insured and Locations

Locations:
CountryWide Staffing Solutions Group, Inc.
CountryWide Staffing Solutions Group, Inc.

FEIN #:
472521516

100 Main Street,
Arvada, CO, 80001

2 Employee Leasing Policy for Leased Workers of Multiple Client Companies.

CountryWide Staffing Solutions Group, Inc.
Countrywide Payroll & HR Solutions, Inc.

463404075

100 Main Street,
Alexandria, IN, 46001

2 Employee Leasing Policy for Leased Workers of Multiple Client Companies

CountryWide Staffing Solutions Group, Inc.
Countrywide Payroll & HR Solutions, Inc.

463404075

100 Main Street,
Bamberg, SC, 29003

2 Employee Leasing Policy for Leased Workers of Multiple Client Companies.

CountryWide Staffing Solutions Group, Inc.
CountryWide Staffing Solutions Group, Inc.

472521516

100 Main Street,
Mobile, AL, 36693

2 Employee Leasing Policy for Leased Workers of Multiple Client Companies

CountryWide Staffing Solutions Group, Inc.
CountryWide Staffing Solutions Group, Inc.

472521516

100 Main Street,
New Castle, DE, 19720

2 Employee Leasing Policy for Leased Workers of Multiple Client Companies

CountryWide Staffing Solutions Group, Inc.
CountryWide Staffing Solutions Group, Inc.

472521516

100 Main Street,
Weston, FL, 33331

2 Employee Leasing Policy for Leased Workers of Multiple Client Companies
WC 00 00 01 A
(Ed. 1-15)

CountryWide Staffing Solutions Group, Inc.
CountryWide Staffing Solutions Group, Inc.

472521516

100 Main Street,
Norcross, GA, 30003

2 Employee Leasing Policy for Leased Workers of Multiple Client Companies

CountryWide Staffing Solutions Group, Inc.
CountryWide Staffing Solutions Group, Inc.

472521516

100 Main Street,
Boise, ID, 83702

2 Employee Leasing Policy for Leased Workers of Multiple Client Companies

CountryWide Staffing Solutions Group, Inc.
CountryWide Staffing Solutions Group, Inc.

472521516

100 Main Street,
Alexandria, IN, 46001

2 Employee Leasing Policy for Leased Workers of Multiple Client Companies

CountryWide Staffing Solutions Group, Inc.
CountryWide Staffing Solutions Group, Inc.

472521516

100 Main Street,
Bagdad, KY, 40003

2 Employee Leasing Policy for Leased Workers of Multiple Client Companies

CountryWide Staffing Solutions Group, Inc.
CountryWide Staffing Solutions Group, Inc.

472521516

100 Main Street,
Waldorf, MD, 20601

2 Employee Leasing Policy for Leased Workers of Multiple Client Companies

CountryWide Staffing Solutions Group, Inc.
CountryWide Staffing Solutions Group, Inc.

472521516

100 Main Street,
Berwick, ME, 03901

2 Employee Leasing Policy for Leased Workers of Multiple Client Companies

State Unemployment#: 4725215

CountryWide Staffing Solutions Group, Inc.
CountryWide Staffing Solutions Group, Inc.

472521516

100 Main Street,
Almont, MI, 48003

2 Employee Leasing Policy for Leased Workers of Multiple Client Companies

CountryWide Staffing Solutions Group, Inc.
CountryWide Staffing Solutions Group, Inc.

472521516

100 Main Street,
Hillsboro, MO, 63050

2 Employee Leasing Policy for Leased Workers of Multiple Client Companies

CountryWide Staffing Solutions Group, Inc.
CountryWide Staffing Solutions Group, Inc.

472521516

100 Main Street,
Abbeville, MS, 38601

2 Employee Leasing Policy for Leased Workers of Multiple Client Companies

CountryWide Staffing Solutions Group, Inc.
CountryWide Staffing Solutions Group, Inc.

472521516

100 Main Street,
Charlotte, NC, 28226

2 Employee Leasing Policy for Leased Workers of Multiple Client Companies

CountryWide Staffing Solutions Group, Inc.
CountryWide Staffing Solutions Group, Inc.

472521516

100 Main Street,
Albert, OK, 73001

2 Employee Leasing Policy for Leased Workers of Multiple Client Companies

CountryWide Staffing Solutions Group, Inc.
CountryWide Staffing Solutions Group, Inc.

472521516

100 Main Street,
Bamberg, SC, 29003

2 Employee Leasing Policy for Leased Workers of Multiple Client Companies

CountryWide Staffing Solutions Group, Inc.
CountryWide Staffing Solutions Group, Inc.

472521516

100 Main Street,
Eugene, OR, 97401

2 Employee Leasing Policy for Leased Workers of Multiple Client Companies

CountryWide Staffing Solutions Group, Inc.
CountryWide Staffing Solutions Group, Inc.

472521516

100 Main Street,
Antioch, TN, 37011

2 Employee Leasing Policy for Leased Workers of Multiple Client Companies

CountryWide Staffing Solutions Group, Inc.
CountryWide Staffing Solutions Group, Inc.

472521516

100 Main Street,

WC 00 00 01 A
(Ed. 1-15)

Austin, TX, 73301

2. Employee Leasing Policy for Leased Workers of Multiple Client Companies

CountryWide Staffing Solutions Group, Inc.
CountryWide Staffing Solutions Group, Inc.

472521516

100 Main Street,
Dulles, VA, 20101

2. Employee Leasing Policy for Leased Workers of Multiple Client Companies

CountryWide Staffing Solutions Group, Inc.
CountryWide Staffing Solutions Group, Inc.

472521516

100 Main Street,
Charleston, WV, 25306

2. Employee Leasing Policy for Leased Workers of Multiple Client Companies

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

EXTENSION OF INFORMATION PAGE

Name and address of insured
CountryWide Staffing Solutions Group, Inc.
707 Mendham Boulevard, Suite 201
Orlando, FL 32825

Policy Number
WCP500069701GIC
Effective Date
06/30/2015

Item 4. Schedule of Operations - ALABAMA

Code No.	Classifications	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 Of Remuneration	Estimated Annual Premium
0005	FARM: NURSERY EMPLOYEES AND DR	2,079.00	4.29	89.00
2731	PLANING OR MOLDING MILL	32,724.00	5.12	1,675.00
3022	PIPE OR TUBE MFG. NOC AND DRIV	595,818.00	4.38	26,097.00
3400	METAL STAMPED GOODS MFG. NOC	15,596.00	4.72	736.00
3632	MACHINE SHOP NOC	203,819.00	5.28	10,762.00
4034	CONCRETE PRODUCTS MFG. AND DRI	25,302.00	10.00	2,530.00
5183	PLUMBING NOC AND DRIVERS	164,083.00	4.67	7,663.00
5180	ELECTRICAL WIRING-WITHIN BUIL	39,541.00	4.08	1,613.00
5221	CONCRETE OR CEMENT WORK-FLOOR	141,428.00	6.17	8,726.00
5479	INSULATION WORK NOC AND DRIVER	7,136.00	9.94	709.00
5537	HEATING VENTILATION AIR-COND	22,259.00	7.30	1,625.00
7380	DRIVERS CHAUFFERS MESSENGERS	1,273,710.00	7.19	91,580.00
7600	TELEPHONE OR TELEGRAPH CO.: AL	5,631.00	5.82	328.00
8018	STORE: WHOLESALE NOC	45,749.00	3.95	1,807.00
8292	STORAGE WAREHOUSE NOC	4,411.00	5.68	251.00
8500	METAL SCRAP DEALER AND DRIVERS	2,607.00	14.02	366.00
8810	CLERICAL OFFICE EMPLOYEES NOC	71,687.00	0.31	222.00
9014	JANITORIAL SERVICES BY CONTRAC	IF ANY	5.02	0.00
9015	BUILDINGS-OPERATION BY OWNER	26,877.00	8.20	1,666.00
9101	COLLEGE OR SCHOOL: ALL OTHER E	50,971.00	4.60	2,345.00
9402	STREET CLEANING AND DRIVERS	5,088.00	10.00	509.00
	MANUAL PREMIUM			161,299.00
	TOTAL MANUAL PREMIUM			161,299.00
9812	Employers Liability (E/L) increased limits factor		1.4000	2,258.00
	SUBJECT PREMIUM			163,557.00
	TOTAL SUBJECT PREMIUM			163,557.00
	TOTAL MODIFIED PREMIUM			163,557.00
	TOTAL STANDARD PREMIUM			163,557.00
9863	Large Deductible Credit		60.0000	-98,134.00
	Total Product Premium			65,423.00
9740	Terrorism 0.0200			547.00
	TOTAL ESTIMATED ANNUAL PREMIUM			65,970.00
	TOTAL ANNUAL PREMIUM			65,970.00

Name and address of Insured
CountryWide Staffing Solutions Group, Inc.
707 Mendham Boulevard, Suite 201
Orlando, FL, 32825

Policy Number
WCP500069701GIC
Effective Date
06/30/2015

Item 4.		SCHEDULE OF OPERATIONS - COLORADO		
Code No.	Classifications	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 Of Remuneration	Estimated Annual Premium
8810	CLERICAL OFFICE EMPLOYEES NOC	17,620.00	0.24	42.00
	MANUAL PREMIUM			42.00
	TOTAL MANUAL PREMIUM			42.00
	SUBJECT PREMIUM			42.00
	TOTAL SUBJECT PREMIUM			42.00
	TOTAL MODIFIED PREMIUM			42.00
	TOTAL STANDARD PREMIUM			42.00
96630	Large Deductible Credit		60.0000	-25.00
	Total Product Premium			17.00
9740	Terrorism 0.0200			4.00
9741	Catastrophe (other than Certified Acts of Terrorism) 0.0200			4.00
	TOTAL ESTIMATED ANNUAL PREMIUM			25.00
	TOTAL ANNUAL PREMIUM			25.00

Name and address of Insured
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707 Mendham Boulevard, Suite 201
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Item 4.

SCHEDULE OF OPERATIONS - DELAWARE

Code No.	Classifications	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 Of Remuneration	Estimated Annual Premium
0544	MANUFACTURING LIGHT INDUSTRIAL	2,204,426.00	12.85	283,289.00
0847	INSULATION WORK (8/1/08)	6,628.00	13.69	907.00
0882	EMPLOYMENT CONTRACTOR - CONSTR	3,559,832.00	30.78	1,095,855.00
0895	EMPLOYMENT CONTRACTOR - ELECTR	64,829.00	5.04	3,267.00
0889	EMPLOYMENT CONTRACTOR - CLERIC	581.00	0.37	2.00
0895	EMPLOYMENT CONTRACTOR - COLLEG	17,372,858.00	0.81	140,720.00
0928	TEMP LABOR - MERCANTILE	372,675.00	7.30	27,205.00
0937	EMPLOYMENT CONTRACTOR - HEAVY	83,293.00	16.12	13,427.00
0947	EMPLOYMENT CONTRACTOR - MAINT	2,811,598.00	10.51	295,499.00
0951	SALESMEN - OUTSIDE	181,307.00	0.78	1,258.00
0953	CLERICAL OFFICE	533,412.00	0.37	1,974.00
0971	BUILDINGS	512,219.00	6.19	31,706.00
	MANUAL PREMIUM			1,894,889.00
	TOTAL MANUAL PREMIUM			1,894,889.00
9812	Employers Liability (E/L) Increased Limits Premium Charge		1.1000	20,844.00
	TOTAL SUBJECT PREMIUM			1,915,733.00
	TOTAL MODIFIED PREMIUM			1,915,733.00
9884	Merit Rating Neutral Adjustment			0.00
	TOTAL PREMIUM AFTER EXPERIENCE MODIFICATION OR MERIT RATING			1,915,733.00
	Total Premium Before Schedule Rating			1,915,733.00
	Total Premium After Credit or Debit factors			1,915,733.00
	TOTAL STANDARD PREMIUM			1,915,733.00
9663	Large Deductible Credit		60.0000	-1,149,440.00
	Total Product Premium			766,293.00
9740	Terrorism 0.0200			5,537.00
9741	Catastrophe (other than Certified Acts of Terrorism) 0.0200			5,537.00
	TOTAL ESTIMATED ANNUAL PREMIUM			777,367.00
	TOTAL ANNUAL PREMIUM			777,367.00

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Item 4.		SCHEDULE OF OPERATIONS - FLORIDA		
Code No.	Classifications	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 Of Remuneration	Estimated Annual Premium
6504	FOOD SUNDRIES MFG. NOC-NO CE	339,073.00	4.26	14,445.00
8810	CLERICAL OFFICE EMPLOYEES NOC	1,316,061.00	0.25	3,290.00
9014	JANITORIAL SERVICES BY CONTRAC	310,282.00	4.95	15,359.00
9402	STREET CLEANING AND DRIVERS	29,257.00	9.32	2,727.00
	MANUAL PREMIUM			35,821.00
	TOTAL MANUAL PREMIUM			35,821.00
9812	Employers Liability (EL) increased limits factor		1.4000	501.00
	SUBJECT PREMIUM			36,322.00
	TOTAL SUBJECT PREMIUM			36,322.00
	TOTAL MODIFIED PREMIUM			36,322.00
	TOTAL STANDARD PREMIUM			36,322.00
9563	Large Deductible Credit		60.0000	-21,793.00
	Total Product Premium			14,529.00
9740	Terrorism: 0.0200			399.00
	TOTAL ESTIMATED ANNUAL PREMIUM			14,928.00
	TOTAL ANNUAL PREMIUM			14,928.00

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Item 4.		SCHEDULE OF OPERATIONS - GEORGIA		
Code No.	Classifications	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 Of Remuneration	Estimated Annual Premium
7380	DRIVERS CHAUFFERS MESSENGERS	1,770,972.00	7.18	127,156.00
8810	CLERICAL OFFICE EMPLOYEES NOC	48,938.00	0.25	122.00
9014	JANITORIAL SERVICES BY CONTRAC	44,020.00	6.16	2,712.00
9402	STREET CLEANING AND DRIVERS	116,346.00	7.50	8,728.00
	MANUAL PREMIUM			138,716.00
	TOTAL MANUAL PREMIUM			138,716.00
9812	Employers Liability (E/L) Increased limits factor		1.1000	1,526.00
	SUBJECT PREMIUM			140,242.00
	TOTAL SUBJECT PREMIUM			140,242.00
	TOTAL MODIFIED PREMIUM			140,242.00
	TOTAL STANDARD PREMIUM			140,242.00
9663	Large Deductible Credit		60.0000	-84,145.00
	Total Product Premium			56,097.00
9740	Terrorism 0.0200			396.00
9741	Catastrophe (other than Certified Acts of Terrorism) 0.0200			396.00
	TOTAL ESTIMATED ANNUAL PREMIUM			56,889.00
	TOTAL ANNUAL PREMIUM			56,889.00

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Item 4.		SCHEDULE OF OPERATIONS - IDAHO		
Code No.	Classifications	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 Of Remuneration	Estimated Annual Premium
8842	GROUP HOMES-ALL EMPLOYEES ANDAMP	2,685,943.00	4.11	110,392.00
	MANUAL PREMIUM			110,392.00
	TOTAL MANUAL PREMIUM			110,392.00
9812	Employers Liability (EL) increased limits factor		1.1000	1,214.00
9883	Large Deductible Credit		60.0000	66,235.00
	SUBJECT PREMIUM			45,371.00
	TOTAL SUBJECT PREMIUM			45,371.00
	TOTAL MODIFIED PREMIUM			45,371.00
	TOTAL STANDARD PREMIUM			45,371.00
9740	Terrorism 0.0200			537.00
9741	Catastrophe (other than Certified Acts of Terrorism) 0.0100			269.00
	TOTAL ESTIMATED ANNUAL PREMIUM			46,177.00
	TOTAL ANNUAL PREMIUM			46,177.00

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Item 4. SCHEDULE OF OPERATIONS - INDIANA				
Code No.	Classifications	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 Of Remuneration	Estimated Annual Premium
7228	TRUCKING - LOCAL HAULING ONLY	381,400.00	4.81	16,861.00
7380	DRIVERS CHAUFFEURS MESSENGER	369,000.00	3.51	12,952.00
8742	SALESPERSONS OR COLLECTORS-OUT	34,968.00	0.33	116.00
8810	CLERICAL OFFICE EMPLOYEES NOC	489,865.00	0.17	833.00
9402	STREET CLEANING AND DRIVERS	136,084.00	3.71	5,049.00
	MANUAL PREMIUM			35,811.00
	TOTAL MANUAL PREMIUM			35,811.00
9812	Employers Liability (E/L) increased limits factor		1.1000	392.00
	SUBJECT PREMIUM			36,003.00
	TOTAL SUBJECT PREMIUM			36,003.00
	TOTAL MODIFIED PREMIUM			36,003.00
	TOTAL STANDARD PREMIUM			36,003.00
9663	Large Deductible Credit		-60.0000	-21,601.00
	Total Product Premium			14,402.00
0900	Expense Constant			250.00
9740	Terrorism .00200			278.00
9741	Catastrophe (other than Certified Acts of Terrorism) 0.0100			140.00
	TOTAL ESTIMATED ANNUAL PREMIUM			15,070.00
0935	Second Injury Fund Surcharge		0.8250	124.00
	TOTAL ANNUAL PREMIUM			15,194.00

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SCHEDULE OF OPERATIONS - KENTUCKY

Code No.	Classifications	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 Of Remuneration	Estimated Annual Premium
8810	CLERICAL OFFICE EMPLOYEES NOC	59,844.00	0.20	120.00
	MANUAL PREMIUM			120.00
	TOTAL MANUAL PREMIUM			120.00
9812	Employers Liability (E/L) Increased limits factor		1.1000	1.00
	SUBJECT PREMIUM			121.00
	TOTAL SUBJECT PREMIUM			121.00
	TOTAL MODIFIED PREMIUM			121.00
	TOTAL STANDARD PREMIUM			121.00
9564	Large Deductible Credit		60.0000	73.00
	Total Product Premium			48.00
9740	Terrorism 0.0200			12.00
9741	Catastrophe (other than Certified Acts of Terrorism) 0.0200			12.00
	TOTAL ESTIMATED ANNUAL PREMIUM			72.00
9581	Special Fund Assessment		6.1700	9.00
	TOTAL ANNUAL PREMIUM			81.00

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SCHEDULE OF OPERATIONS - MAINE

Code No.	Classifications	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 Of Remuneration	Estimated Annual Premium
9014	JANITORIAL SERVICES BY CONTRAC	7,892.00	3.53	279.00
	MANUAL PREMIUM			279.00
	TOTAL MANUAL PREMIUM			279.00
9812	Employers Liability (E/L) Increased limits factor		1.1000	3.00
	SUBJECT PREMIUM			282.00
	TOTAL SUBJECT PREMIUM			282.00
	TOTAL MODIFIED PREMIUM			282.00
	TOTAL STANDARD PREMIUM			282.00
9663	Large Deductible Credit		60.0000	-169.00
	Total Product Premium			113.00
9740	Terrorism 0.0100			1.00
9741	Catastrophe (other than Certified Acts of Terrorism)			1.00
	0.0100			115.00
	TOTAL ESTIMATED ANNUAL PREMIUM			12.00
	WC Board Assessment Surcharge		2.6900	127.00
	TOTAL ANNUAL PREMIUM			

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Item 4. SCHEDULE OF OPERATIONS - MARYLAND				
Code No.	Classifications	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 Of Remuneration	Estimated Annual Premium
4611	DRUG MEDICINE OR PHARMACEUTIC	815.00	1.45	12.00
9014	JANITORIAL SERVICES BY CONTRAC	704,918.00	4.12	29,043.00
9402	STREET CLEANING AND DRIVERS	14,281.00	11.02	1,574.00
	MANUAL PREMIUM			30,629.00
	TOTAL MANUAL PREMIUM			30,629.00
9812	Employers Liability (E/L) increased limits factor		1.1000	337.00
	SUBJECT PREMIUM			30,966.00
	TOTAL SUBJECT PREMIUM			30,966.00
	TOTAL MODIFIED PREMIUM			30,966.00
	TOTAL STANDARD PREMIUM			30,966.00
	Total Product Premium			12,386.00
9740	Terrorism 0.0500			380.00
9741	Catastrophe (other than Certified Acts of Terrorism) 0.0200			144.00
	TOTAL ESTIMATED ANNUAL PREMIUM			12,890.00
	TOTAL ANNUAL PREMIUM			12,890.00

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Item 4.		SCHEDULE OF OPERATIONS - MICHIGAN		
Code No.	Classifications	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 Of Remuneration	Estimated Annual Premium
9015	CARPET RUG OR UPHOLSTERY CLEA	28,581.00	4.00	1,143.00
9403	GARBAGE ASHES OR REFUSE COLLE	452,150.00	6.63	29,978.00
	MANUAL PREMIUM			31,121.00
	TOTAL MANUAL PREMIUM			31,121.00
9812	Employers Liability (E/L) Increased Limits factor		2.0000	622.00
	SUBJECT PREMIUM			31,743.00
	TOTAL SUBJECT PREMIUM			31,743.00
	TOTAL MODIFIED PREMIUM			31,743.00
	TOTAL STANDARD PREMIUM			31,743.00
	Total Product Premium			12,697.00
9740	Terrorism 0.0200			96.00
9741	Catastrophe (other than Certified Acts of Terrorism) 0.0100			48.00
	TOTAL ESTIMATED ANNUAL PREMIUM			12,841.00
	TOTAL ANNUAL PREMIUM			12,841.00

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Item 4.		SCHEDULE OF OPERATIONS - MISSISSIPPI		
Code No.	Classifications	Premium Basis: Total Estimated Annual Remuneration	Rate Per \$100 Of Remuneration	Estimated Annual Premium
5537	HEATING VENTILATION AIR-COND	2,058.00	5.51	113.00
	MANUAL PREMIUM			113.00
	TOTAL MANUAL PREMIUM			113.00
9812	Employers Liability (E/L) Increased limits factor		1.1000	1.00
	SUBJECT PREMIUM			114.00
	TOTAL SUBJECT PREMIUM			114.00
	TOTAL MODIFIED PREMIUM			114.00
	TOTAL STANDARD PREMIUM			114.00
9664	Large Deductible Credit		60.0000	-68.00
	Total Product Premium			46.00
	TOTAL ESTIMATED ANNUAL PREMIUM			46.00
	TOTAL ANNUAL PREMIUM			46.00

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Item 4.		SCHEDULE OF OPERATIONS - MISSOURI		
Code No.	Classifications	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 Of Remuneration	Estimated Annual Premium
5537	HEATING VENTILATION AIR-COND	1,312.00	6.14	81.00
7228	TRUCKING-LOCAL HAULING ONLY-	361,400.00	9.02	32,598.00
7229	TRUCKING-LONG-DISTANCE HAULIN	361,450.00	12.03	43,482.00
8370	TRUCKING: MECHANICS AND GARAGE	418,500.00	6.26	26,198.00
8810	CLERICAL OFFICE EMPLOYEES NOC	440,500.00	0.23	1,013.00
9014	JANITORIAL SERVICES BY CONTRAC	44,534.00	3.52	1,568.00
	MANUAL PREMIUM			104,940.00
	TOTAL MANUAL PREMIUM			104,940.00
9812	Employers Liability (E/L) Increased limits factor		1.1000	1,154.00
	SUBJECT PREMIUM			106,094.00
	TOTAL SUBJECT PREMIUM			106,094.00
	TOTAL MODIFIED PREMIUM			106,094.00
	TOTAL STANDARD PREMIUM			106,094.00
9863	Large Deductible Credit		80.0000	83,656.00
	Total Product Premium			42,438.00
9740	Terrorism 0.0200			326.00
	TOTAL ESTIMATED ANNUAL PREMIUM			42,764.00
9862	Second Injury Fund Surcharge		6.0000	6,385.00
9861	WC Administrative Surcharge		1.0000	1,064.00
	TOTAL ANNUAL PREMIUM			50,213.00

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Item 4.		SCHEDULE OF OPERATIONS - NORTH CAROLINA		
Code No.	Classifications	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 Of Remuneration	Estimated Annual Premium
7380	DRIVERS CHAUFFERS MESSENGERS	5,396,372.00	7.23	390,158.00
8380	AUTOMOBILE SERVICE OR REPAIR C	342,658.00	3.77	12,918.00
8810	CLERICAL OFFICE EMPLOYEES NOC	1,274,777.00	0.23	2,932.00
9014	JANITORIAL SERVICES BY CONTRAC	25,760.00	3.99	1,028.00
9015	BUILDINGS-OPERATION BY OWNER	20,400.00	5.08	1,036.00
9402	STREET CLEANING AND DRIVERS	7,937.00	8.96	711.00
	MANUAL PREMIUM			408,783.00
	TOTAL MANUAL PREMIUM			408,783.00
9812	Employers Liability (E/L) Increased limits factor		1.1000	4,497.00
	SUBJECT PREMIUM			413,280.00
	TOTAL SUBJECT PREMIUM			413,280.00
	TOTAL MODIFIED PREMIUM			413,280.00
	TOTAL STANDARD PREMIUM			413,280.00
9663	Large Deductible Credit		60.0000	-247,968.00
	Total Product Premium			165,312.00
9740	Terrorism 0.0100			707.00
9741	Catastrophe (other than Certified Acts of Terrorism) 0.0100			707.00
	TOTAL ESTIMATED ANNUAL PREMIUM			166,726.00
	TOTAL ANNUAL PREMIUM			166,726.00

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Item 4.		SCHEDULE OF OPERATIONS - OKLAHOMA		
Code No.	Classifications	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 Of Remuneration	Estimated Annual Premium
4034	CONCRETE PRODUCTS MFG. AND DRI	201,700.00	12.73	25,878.00
7228	TRUCKING--LOCAL HAULING ONLY--	361,400.00	10.34	37,369.00
7229	TRUCKING--LONG-DISTANCE HAULIN	361,450.00	14.07	50,858.00
8227	CONSTRUCTION OR ERECTION PERMA	411,350.00	5.07	20,855.00
8265	IRON OR STEEL SCRAP DEALER AND	413,250.00	15.97	65,996.00
8742	SALESPERSONS OR COLLECTORS--OU	437,100.00	0.62	2,710.00
8810	CLERICAL OFFICE EMPLOYEES NOC	440,500.00	0.42	1,850.00
	MANUAL PREMIUM			205,312.00
	TOTAL MANUAL PREMIUM			205,312.00
9812	Employers Liability (E/L) Increased limits factor		1.4000	2,874.00
	SUBJECT PREMIUM			208,188.00
	TOTAL SUBJECT PREMIUM			208,188.00
	TOTAL MODIFIED PREMIUM			208,188.00
	TOTAL STANDARD PREMIUM			208,188.00
9863	Large Deductible Credit		60.0000	-124,912.00
	Total Product Premium			83,274.00
9740	Terrorism 0.0200			525.00
9741	Catastrophe (other than Certified Acts of Terrorism) 0.0200			525.00
	TOTAL ESTIMATED ANNUAL PREMIUM			84,324.00
	TOTAL ANNUAL PREMIUM			84,324.00

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Item 4.		SCHEDULE OF OPERATIONS - OREGON		
Code No.	Classifications	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 Of Remuneration	Estimated Annual Premium
2802	CARPENTRY-SHOP ONLY-AND DRIV	358,602.00	6.20	22,233.00
3507	CONSTRUCTION OR AGRICULTURAL M	20,934.00	4.95	1,038.00
	MANUAL PREMIUM			23,269.00
	TOTAL MANUAL PREMIUM			23,269.00
9812	Employers Liability (E/L) Increased limits factor		0.4000	93.00
	SUBJECT PREMIUM			23,362.00
	TOTAL SUBJECT PREMIUM			23,362.00
	TOTAL MODIFIED PREMIUM			23,362.00
	TOTAL STANDARD PREMIUM			23,362.00
9863	Large Deductible Credit		60.0000	-14,017.00
	Total Product Premium			9,345.00
9740	Terrorism 0.0200			76.00
9741	Catastrophe (other than Certified Acts of Terrorism) 0.0200			76.00
	TOTAL ESTIMATED ANNUAL PREMIUM			9,497.00
9681	WC Premium Assessment Surcharge		6.2000	1,458.00
	TOTAL ANNUAL PREMIUM			10,955.00

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Item 4. SCHEDULE OF OPERATIONS - SOUTH CAROLINA

Code No.	Classifications	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 Of Remuneration	Estimated Annual Premium
2305	TEXTILE FIBER MFG.-SYNTHETIC	118,282.00	2.82	3,336.00
3030	IRON OR STEEL FABRICATION: IR	202,050.00	6.35	12,830.00
3076	SHEET METAL PRODUCTS MFG.-SHO	148,435.00	4.91	7,288.00
3113	TOOL MFG.-NOT DROP OR MACHINE	39,920.00	2.78	1,110.00
3612	PUMP MFG.	120,565.00	2.85	3,436.00
3632	MACHINE SHOP NOC	213,982.00	4.86	10,400.00
3648	AUTOMOTIVE PARTS REBUILDERS NO	198,012.00	2.42	4,792.00
3808	AUTOMOBILE MFG. OR ASSEMBLY	12,448.00	7.21	898.00
4024	REFRACTORY PRODUCTS MFG. AND D	6,020.00	6.48	390.00
4062	POTTERY MFG.: PORCELAIN WARE-	87,863.00	2.49	1,690.00
4263	FIBER GOODS MFG.	61,200.00	4.13	2,528.00
4410	RUBBER GOODS MFG. NOC	296,448.00	4.68	13,874.00
4558	PAINT MFG.	27,528.00	2.33	641.00
5537	HEATING VENTILATION AIR-COND	2,794.00	7.26	203.00
5606	CONTRACTOR-PROJECT MANAGER C	280,300.00	2.25	6,307.00
7228	TRUCKING-LOCAL HAULING ONLY-	361,400.00	9.37	33,863.00
8017	STORE: RETAIL NOC	27,252.00	2.33	635.00
8292	STORAGE WAREHOUSE NOC. APPLIES	197,139.00	6.79	13,386.00
8380	AUTOMOBILE SERVICE OR REPAIR C	17,459.00	4.44	775.00
8742	SALESPERSONS OR COLLECTORS-OU	46,656.00	0.69	322.00
8810	CLERICAL OFFICE EMPLOYEES NOC	860,768.00	0.33	2,840.00
8835	HOME PUBLIC AND TRAVELING HE	441,141.00	3.94	17,381.00
9014	JANITORIAL SERVICES BY CONTRAC	15,297.00	3.96	606.00
9402	STREET CLEANING AND DRIVERS	11,609.00	7.48	868.00
	MANUAL PREMIUM			140,399.00
	TOTAL MANUAL PREMIUM			140,399.00
9812	Employers Liability (E/L) Increased limits factor		1.1000	1,545.00
	SUBJECT PREMIUM			141,944.00
	TOTAL SUBJECT PREMIUM			141,944.00
	TOTAL MODIFIED PREMIUM			141,944.00
	TOTAL STANDARD PREMIUM			141,944.00
9653	Large Deductible Credit		60.0000	-85,168.00
	Total Product Premium			56,778.00
9740	Terrorism 0.0200			755.00
9741	Catastrophe (other than Certified Acts of Terrorism) 0.0200			755.00
	TOTAL ESTIMATED ANNUAL PREMIUM			58,288.00
	TOTAL ANNUAL PREMIUM			58,288.00

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Name and address of insured
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06/30/2015

Item 4: SCHEDULE OF OPERATIONS - TENNESSEE

Code No.	Classifications	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 Of Remuneration	Estimated Annual Premium
1925	DIE CASTING MFG.	580,098.00	4.76	28,089.00
3385	WELDING OR CUTTING NOC AND DRI	3,224.00	8.83	285.00
7228	TRUCKING: LOCAL HAULING ONLY?A	390,876.00	8.97	35,062.00
7380	DRIVERS CHAUFFERS MESSENGERS	468,563.00	6.98	32,706.00
8380	AUTOMOBILE SERVICE OR REPAIR C	73,890.00	3.72	2,749.00
8742	SALESPERSONS OR COLLECTORS-OU	19,385.00	0.51	99.00
8810	CLERICAL OFFICE EMPLOYEES NOC	904,955.00	0.24	2,172.00
9014	JANITORIAL SERVICES BY CONTRAC	44,518.00	3.86	1,718.00
9402	STREET CLEANING AND DRIVERS	1,244.00	7.21	90.00
	MANUAL PREMIUM			102,970.00
	TOTAL MANUAL PREMIUM			102,970.00
9812	Employers Liability (EL) increased limits factor		1.4000	1,442.00
	SUBJECT PREMIUM			104,412.00
	TOTAL SUBJECT PREMIUM			104,412.00
	TOTAL MODIFIED PREMIUM			104,412.00
	TOTAL STANDARD PREMIUM			104,412.00
9863	Large Deductible Credit		60.0000	-62,647.00
	Total Product Premium			41,765.00
9740	Terrorism 0.0200			499.00
9741	Catastrophe (other than Certified Acts of Terrorism) 0.0300			749.00
	TOTAL ESTIMATED ANNUAL PREMIUM			43,013.00
	TOTAL ANNUAL PREMIUM			43,013.00

Name and address of Insured
CountryWide Staffing Solutions Group, Inc.
707 Mendham Boulevard, Suite 201
Orlando, FL, 32825

Policy Number
WGP500069701GJC
Effective Date
06/30/2015

Item 4.

SCHEDULE OF OPERATIONS - TEXAS

Code No.	Classifications	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 Of Remuneration	Estimated Annual Premium
2881	BILLIARD TABLE MFG AND DRIVERS	2,051.00	3.74	77.00
7600	Telephone or Telegraph Co.: All Other Employees and Drivers	211,923.00	2.94	6,231.00
8018	Store: Wholesale NOC	674.00	3.65	25.00
8227	CONTRACTOR'S PERMANENT YARD	1,324,913.00	3.46	45,842.00
8810	Clerical Office Employees NOC	2,971,689.00	0.19	5,646.00
9014	Janitorial Services by Contractors -- No Window Cleaning Above Ground Level and Drivers	116,103.00	3.39	3,938.00
9402	Street Cleaning and Drivers	150,847.00	6.26	9,443.00
	MANUAL PREMIUM			71,200.00
	TOTAL MANUAL PREMIUM			71,200.00
9812	Employers Liability (E/L) Increased limits factor		1.4000	997.00
	SUBJECT PREMIUM			72,197.00
	TOTAL SUBJECT PREMIUM			72,197.00
	TOTAL MODIFIED PREMIUM			72,197.00
	TOTAL STANDARD PREMIUM			72,197.00
0063	Premium Discount		12.2491	-8,843.00
9740	Terrorism 0.0240			1,147.00
	ESTIMATED ANNUAL PREMIUM			64,501.00
9963	Large Deductible Credit		60.0000	-38,701.00
	TOTAL ESTIMATED ANNUAL PREMIUM			25,800.00
	TOTAL ANNUAL PREMIUM			25,800.00

Name and address of Insured
CountryWide Staffing Solutions Group, Inc.
707 Mendham Boulevard, Suite 201
Orlando, FL, 32825

Policy Number
WCP500069701GIC
Effective Date
06/30/2015

Item 4.		SCHEDULE OF OPERATIONS - VIRGINIA		
Code No.	Classifications	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 Of Remuneration	Estimated Annual Premium
8742	SALESPERSONS OR COLLECTORS-OU	19,848.00	0.26	52.00
8014	JANITORIAL SERVICES BY CONTRAC	241,693.00	2.95	7,130.00
9402	STREET CLEANING AND DRIVERS	9,761.00	7.11	694.00
	MANUAL PREMIUM			7,876.00
	TOTAL MANUAL PREMIUM			7,876.00
9812	Employers Liability (E/L) increased limits factor		1.1000	87.00
	SUBJECT PREMIUM			7,963.00
	TOTAL SUBJECT PREMIUM			7,963.00
	TOTAL MODIFIED PREMIUM			7,963.00
	TOTAL STANDARD PREMIUM			7,963.00
9663	Large Deductible Credit		60.0000	-4,778.00
	Total Product Premium			3,185.00
9740	Terrorism .00400			109.00
	TOTAL ESTIMATED ANNUAL PREMIUM			3,294.00
	TOTAL ANNUAL PREMIUM			3,294.00

Name and address of Insured
CountryWide Staffing Solutions Group, Inc.
707 Mendham Boulevard, Suite 201
Orlando, FL, 32825

Policy Number
WCP500069701GIC
Effective Date
06/30/2015

Item 4.		SCHEDULE OF OPERATIONS - WEST VIRGINIA		
Code No.	Classifications	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 Of Remuneration	Estimated Annual Premium
7228	TRUCKING-LOCAL HAULING ONLY-	1,145,287.00	6.16	70,550.00
8380	AUTOMOBILE SERVICE OR REPAIR C	405,223.00	2.97	12,035.00
8810	CLERICAL OFFICE EMPLOYEES NOC	125,961.00	0.21	265.00
	State Act Manual Premium			82,850.00
	TOTAL MANUAL PREMIUM			82,850.00
9812	Employers Liability (E/L) increased limits factor		1.4000	1,180.00
	TOTAL SUBJECT PREMIUM			84,030.00
	Experience Modification (Modified Premium - State Act)		1.0000	82,850.00
	Experience Modification (Modified Premium - Federal Acts and EL)		1.0000	1,180.00
	TOTAL MODIFIED PREMIUM			84,010.00
	TOTAL STANDARD PREMIUM			84,010.00
9663	Large Deductible Credit		60.0000	50,406.00
	Total Product Premium			33,604.00
9740	Terrorism 0.0100			168.00
9741	Catastrophe (other than Certified Acts of Terrorism) 0.0100			168.00
	TOTAL ESTIMATED ANNUAL PREMIUM			33,940.00
9681	Regulatory Surcharge		5.0000	4,217.00
9682	Deficit Reduction Surcharge		9.0000	7,591.00
9683	Fire and Casualty Surcharge		0.5500	462.00
	TOTAL ANNUAL PREMIUM			46,210.00

CATASTROPHE (OTHER THAN CERTIFIED ACTS OF TERRORISM) PREMIUM ENDORSEMENT

This endorsement is notification that your insurance carrier is charging premium to cover the losses that may occur in the event of a Catastrophe (other than Certified Acts of Terrorism) as that term is defined below. Your policy provides coverage for workers compensation losses caused by a Catastrophe (other than Certified Acts of Terrorism). This premium charge does not provide funding for Certified Acts of Terrorism contemplated under the Terrorism Risk Insurance Program Reauthorization Act Disclosure Endorsement (WC 00 04 22 B), attached to this policy.

For purposes of this endorsement, the following definitions apply:

- **Catastrophe (other than Certified Acts of Terrorism):** Any single event, resulting from an Earthquake, Noncertified Act of Terrorism, or Catastrophic Industrial Accident, which results in aggregate workers compensation losses in excess of \$50 million.
- **Earthquake:** The shaking and vibration at the surface of the earth resulting from underground movement along a fault plane or from volcanic activity.
- **Noncertified Act of Terrorism:** An event that is not certified as an Act of Terrorism by the Secretary of Treasury pursuant to the Terrorism Risk Insurance Act of 2002 (as amended) but that meets all of the following criteria:
 - a. It is an act that is violent or dangerous to human life, property, or infrastructure;
 - b. The act results in damage within the United States, or outside of the United States in the case of the premises of United States missions or air carriers or vessels as those terms are defined in the Terrorism Risk Insurance Act of 2002 (as amended); and
 - c. It is an act that has been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.
- **Catastrophic Industrial Accident:** A chemical release, large explosion, or small blast that is localized in nature and affects workers in a small perimeter the size of a building.

The premium charge for the coverage your policy provides for workers compensation losses caused by a Catastrophe (other than Certified Acts of Terrorism) is shown in Item 4 of the Information Page or in the Schedule below.

Schedule

State	Rate	Premium
CO	0.0200	\$4.00
DE	0.0200	\$5,537.00
GA	0.0200	\$396.00
ID	0.0100	\$269.00
IN	0.0100	\$140.00
KY	0.0200	\$12.00
MD	0.0200	\$144.00
ME	0.0100	\$1.00
MI	0.0100	\$48.00
NC	0.0100	\$707.00
This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.		
OK	0.0200	\$525.00
OR	0.0200	\$76.00
(The information below is required only when this endorsement is issued subsequent to expiration of the policy.)		
TN	0.0300	\$749.00
VA	0.0100	\$188.00
Endorsement Effective 06/30/2015	Policy No. WCP500069701GIC	Endorsement No.

Insured CountryWide Staffing Solutions Group, Inc.

Premium: INCL

Insurance Company Guarantee Insurance Company

Countersigned by

WC 00 04 21 D
(Ed. 1-15)

THE STATE OF SOUTH CAROLINA
In The Court of Appeals

RECEIVED

Jun 23 2022

SC Court of Appeals

APPEAL FROM SOUTH CAROLINA
Workers' Compensation Commission

Commissioners T. Scott Beck, R. Michael Campbell, II, and Gene McCaskill

WCC File No. 1514359
Appellate Case No. 2021-000633

Rachel J. Turner, Employee, ... Appellant-Respondent,

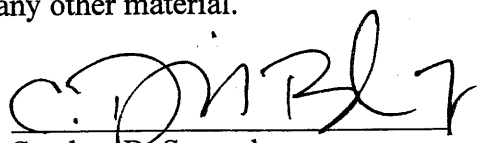
v.

Medustrial Healthcare Staffing Service and Condustrail, Inc.;
Guarantee Insurance Company; Countrywide Staffing Solutions
Group, Inc.; South Carolina Department of Corrections; State
Accident Fund; and South Carolina Uninsured Employer's Fund, ... Respondents

of which Condustrail, Inc. f/k/a Medustrial Healthcare Staffing
Service, Employer, is the Respondent-Appellant.

CERTIFICATE OF COUNSEL

The undersigned hereby certifies that this Record on Appeal contains all material proposed
to be included by any of the parties and not any other material.

for: 
Stephen B. Samuels
Samuels Reynolds Law Firm, LLC
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Attorney for Appellant

June 23, 2022
Columbia, South Carolina