

ACORD CERTIFICATE OF LIABILITY INSURANCE DATE (MM/DD/YYYY)
2/9/2010

PRODUCER (800)794-0268 FAX: (772)231-4413 Brown & Brown, formerly Felten/HBA Insurance 2911 Cardinal Drive PO Box 643488 Vero Beach FL 32964-3488	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.												
INSURED GHMS ACQUISITIONS LLC, DBA: GARDENS HOME 8895 N. Military Trail #102D Palm Beach Gardens FL 33410	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURERS AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A: Mid Continent Casualty</td> <td>23418</td> </tr> <tr> <td>INSURER B: General Ins. Co. of</td> <td>24732</td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> </table>	INSURERS AFFORDING COVERAGE	NAIC #	INSURER A: Mid Continent Casualty	23418	INSURER B: General Ins. Co. of	24732	INSURER C:		INSURER D:		INSURER E:	
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COVERAGES
 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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS								
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	04GL000777828	1/1/2010	1/1/2011	EACH OCCURRENCE \$ 1,000,000								
					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000								
					MED EXP (Any one person) \$ Excluded								
					PERSONAL & ADV INJURY \$ 1,000,000								
					GENERAL AGGREGATE \$ 2,000,000								
					PRODUCTS - COMP/OP AGG \$ 2,000,000								
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC												
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	24CC27770110	1/1/2010	1/1/2011	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000								
					BODILY INJURY (Per person) \$								
					BODILY INJURY (Per accident) \$								
					PROPERTY DAMAGE (Per accident) \$								
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$								
					OTHER THAN EA ACC \$								
					AUTO ONLY: AGG \$								
A	EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 10,000	04XS164878	1/1/2010	1/1/2011	EACH OCCURRENCE \$ 1,000,000								
					AGGREGATE \$ 1,000,000								
					\$								
					\$								
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">WC STATU-TORY LIMITS</td> <td style="width: 50%;">OTH-ER</td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td>\$</td> </tr> </table>	WC STATU-TORY LIMITS	OTH-ER	E.L. EACH ACCIDENT	\$	E.L. DISEASE - EA EMPLOYEE	\$	E.L. DISEASE - POLICY LIMIT	\$
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E.L. EACH ACCIDENT	\$												
E.L. DISEASE - EA EMPLOYEE	\$												
E.L. DISEASE - POLICY LIMIT	\$												
	OTHER												

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
 For Information Only

CERTIFICATE HOLDER GHMS Acquisitions LLC dba Gardens Home Management Services 8895 N. Military Trail #102D Palm Beach Gardens, FL 33410	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>10</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE H INSURANCE GROUP/MAR
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Certificate of Insurance

This certificate is issued as a matter of information only and confers no rights upon the Certificate Holder. This certificate does not amend, extend, or alter the coverage afforded by the policies described herein.

Named Insured(s):

TriNet HR Corp.; Gevity HR, Inc; Gevity HR, LP; Gevity HR II, LP;
 Gevity HR III, LP; Gevity HR IV, LP; Gevity HR V, LP; Gevity HR VI, LP;
 Gevity HR VII, LP; Gevity HR VIII, LP; Gevity HR IX, LP; Gevity HR X, LP;
 Gevity HR XI, LLC; Gevity HR XII Corp; Gevity XIV, LLC.

9000 Town Center Parkwy
 Bradenton, FL 34202

Insurer Affording Coverage

(A) Commerce & Industry Insurance Company

(B) New Hampshire Insurance Company

Coverages:

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 the 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. Aggregate limits shown may have been reduced by paid claims.

Type of Insurance	Certificate Exp. Date	Policy Number *	Limits	
Workers' Compensation	7-1-2010	(A) 23259191 (B) 23259215	Employers Liability	
			Bodily Injury By Accident \$2,000,000	Each Accident
			Bodily Injury By Disease \$2,000,000	Policy Limit
			Bodily Injury By Disease \$2,000,000	Each Person

Other:

Employees Leased To:

Effective Date : 01-JUL-2009

76952 Gardens Home Management Service
 GHMS Acquisition LLC

The above referenced workers' compensation policies provide statutory benefits only to the employees of the Named Insured(s) on such policies, not to the employees of any other employer.

Cancellation: Should any of the above described policies be cancelled before the expiration date thereof, the insurer affording coverage will endeavor to mail 30 days written notice to the certificate holder named herein, but failure to mail such notice shall impose no obligation or liability of any kind upon the insurer affording coverage, its agents or representatives.

*Policy numbers may vary depending on jurisdiction.

Certificate Holder:

Gardens Home Management Service
 8895 N Military Trail Suite 102D
 Palm Beach Gardens, FL 33410

AON Risk Services Northeast, Inc.

AON Risk Services Northeast, Inc.

(866)443-8489

Phone

06-JUL-2009

Date Issued