

2006

# Great American E&S Insurance Company v. Dallas W. Peters and Brandon Knuteson individually and on behalf of Mary Lynn Knuteson : Brief of Appellant

Utah Court of Appeals

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Cooper; attorneys for appellees.

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IN THE UTAH SUPREME COURT

GREAT AMERICAN E&S  
INSURANCE COMPANY,

Plaintiffs/Appellee,

v.

DALLAS W. PETERS and BRANDON  
KNUTESON, individually and on  
behalf of MARY LYNN KNUTESON,  
an incompetent adult,

Defendants/Appellees.

Case No. 20060368-SC

Third District No. 030909411

**ADDENDUM TO BRIEF OF APPELLANTS, DALLAS W. PETERS and  
BRANDON KNUTESON, individually and on behalf of MARY LYNN  
KNUTESON, an incompetent adult**

On appeal from the final judgment of the Third Judicial District Court  
for Salt Lake County, Honorable L.A. Dever, District Judge

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FILED  
UTAH APPELLATE COURTS  
JUL 17 2006

GREAT AMERICAN E&S  
INSURANCE COMPANY,  
  
Plaintiffs/Appellee,  
  
v.  
  
DALLAS W. PETERS and BRANDON  
KNUTESON, individually and on  
behalf of MARY LYNN KNUTESON,  
an incompetent adult,  
  
Defendants/Appellees.

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- E     SOS Client Contracts (relevant parts)
- F     Certificates of Insurance
- G     Federal E-mail Communications
- H     Random House Webster's College Dictionary
- I     Roget's Thesaurus
- J     SOS Staffing Website



Tab A

**Prior cancellation.**

Where applicant for renter's insurance failed to disclose that his prior policy had been canceled, the court was justified in rescinding the policy since prior cancellation of similar insurance by a different company is a matter material to the acceptance of the risk by the second company. *Prudential Property & Cas. Ins. Co. v. Mardanlou*, 607 P.2d 291 (Utah 1980).

**Right to rescind.**

Mortgage insurer was entitled to rescind a

certificate of mortgage insurance issued to an insured lender on the basis of a forgery and misrepresentations in the borrower's loan application. *Wisconsin Mtg. Assurance Corp. v. HMC Mtg. Corp.*, 712 F. Supp. 878 (D. Utah 1989).

**Cited in** *Hardy v. Prudential Ins. Co. of Am.*, 763 P.2d 761 (Utah 1988); *Utah Power & Light Co. v. Federal Ins. Co.*, 983 F.2d 1549 (10th Cir. 1993).

## COLLATERAL REFERENCES

**Utah Law Review.** — Recent Developments in Utah Law, 2000 Utah L. Rev. 841 (2000).

**Am. Jur. 2d.** — 44 Am. Jur. 2d Insurance § 1006 et seq.

**C.J.S.** — 45 C.J.S. Insurance § 577 et seq.

**A.L.R.** — Insured's responsibility for false answers inserted by insurer's agent in application following correct answers by insured, or incorrect answers suggested by agent, 26 A.L.R.3d 6.

Modern status of rules regarding materiality and effect of false statement by insurance ap-

plicant as to previous insurance cancellations or rejections, 66 A.L.R.3d 749.

Rescission or cancellation of insurance policy for insured's misrepresentation or concealment of information concerning human immunodeficiency virus (HIV), acquired immunodeficiency syndrome (AIDS), or related health problems, 15 A.L.R.5th 92.

Waiver or estoppel of insurer on basis of statements or omissions in promotional, illustrative, or explanatory materials given to insured, 63 A.L.R.5th 427.

**31A-21-106. Incorporation by reference.**

- (1) (a) Except as provided in Subsection (1)(b), an insurance policy may not contain any agreement or incorporate any provision not fully set forth in the policy or in an application or other document attached to and made a part of the policy at the time of its delivery, unless the policy, application, or agreement accurately reflects the terms of the incorporated agreement, provision, or attached document.
- (b) (i) A policy may by reference incorporate rate schedules and classifications of risks and short-rate tables filed with the commissioner.
- (ii) By rule or order, the commissioner may authorize incorporation by reference of provisions for:
  - (A) administrative arrangements;
  - (B) premium schedules; and
  - (C) payment procedures for complex contracts.
- (c) (i) A policy of title insurance insuring the mortgage or deed of trust of an institutional lender may, if requested by an institutional lender, incorporate by reference generally applicable policy terms that are contained in a specifically identified policy that has been filed with the commissioner.
- (ii) As used in Subsection (1)(c)(i), "institutional lender" means a person that regularly engages in the business of making loans secured by real estate.
- (d) A policy may incorporate by reference the following by citing in the policy:
  - (i) a federal law or regulation;
  - (ii) a state law or rule; or
  - (iii) a public directive of a federal or state agency.

Tab B

JUL 13 2004

SALT LAKE COUNTY

By

Deputy Clerk

**THIRD DISTRICT COURT, STATE OF UTAH  
SALT LAKE COUNTY, SALT LAKE DEPARTMENT**

**GREAT AMERICAN E&S INSURANCE  
COMPANY,**

Plaintiff,

vs.

**DALLAS W. PETERS and BRANDON  
KNUTESON,** individually and on behalf  
of **MARY LYNN KNUTESON,** an  
incompetent adult,

Defendant.

**MEMORANDUM DECISION**

**CASE NO. 030909411**

**JUDGE L.A. DEVER**

**BRANDON KNUTESON,** individually and  
on behalf of **MARY LYNN KNUTESON,**  
an incompetent adult,

Counterclaim Plaintiff,

vs.

**GREAT AMERICAN E&S INSURANCE  
COMPANY,**

Counterclaim Defendant.

Before the Court are cross motions for summary judgment: (1) Brandon Knuteson and Dallas Peters' Motion For Partial Summary Judgment; and (2) Great American Insurance's Motion For Summary Judgment. Oral arguments were conducted on May 19,

2004, after which the Court took the matters under advisement for further consideration. Now, having reviewed the parties memoranda and the relevant legal authorities, the Court rules as stated herein.

SOS Staffing operates as a business which provides laborers on demand, pursuant to a request from one of its clients. In this case, SOS Staffing sent Dallas Peters to work for its client, Vicars Trucking Company Inc. Subsequently, on March 15, 2001, Mr. Peters, while driving a truck owned by Vicars Trucking, was involved in an vehicle accident with Mary Lynn Knuteson. As a result of Peters' failure to stop at a stop sign, Ms. Knuteson was severely injured and suffered traumatic brain injury resulting in her need for constant care and supervision for the remainder of her life.

At the time of the accident SOS was insured by two carriers: Federal Insurance Company ("Federal") in the amount of \$1,000,000 and Great American E&S Insurance Company ("Great American") in the amount of \$5,000,000. The Great American policy operates as an umbrella policy, obligating Great American "to pay on behalf of the Insured those sums in excess of the retained limit that the Insured becomes legally obligated to pay." In this case Federal has agreed to pay its limit. Great American, however, denies coverage contending that Peters is not an "insured" under the terms of its policy.

Section V of the Great American policy, extends insured status to certain individuals under certain conditions. Specifically, insured status does not extend to the operation of autos, aircraft or water craft unless there is coverage for such operation in an underlying

policy as listed in the Schedule of Underlying Policies. Here, Federal provides the underlying auto liability policy. For this reason it is necessary for the Court to determine Peters' coverage, if any, under the Federal policy since Peters is insured under Great American only to the extent that he is insured under the coverage provided by Federal. See, Section F6, Great American Policy.

An insured, as stated in Section II of the Federal policy entitled "Liability Coverage A.1," covers: SOS staffing for any covered auto, anyone using, with SOS permission, a covered auto that SOS owns, hires or borrows, and anyone liable for the conduct of an insured, but only to the extent of that liability. It is undisputed that the Vicars Trucking truck that Mr. Peters was driving was not owned, hired or borrowed by SOS Staffing and therefore does not qualify as a "covered auto" under Section II of the Federal policy.

The inquiry, however, does not end here as Section A 1 of the Federal policy is modified by an "Employees as Insured" endorsement which adds as an insured, "any employee of yours . . . while using a covered auto you don't own, hire or borrow in your business or your personal affairs." See, Federal Policy, Form CA 989 (2-99). A second endorsement further limits the scope of the insured's status stating, "[i]t is hereby understood and agreed that form CA 989 (02/99) [Employees As Insured Endorsement] is amended to include the following wording: This form applies to the staff of the insured only and not temporary employees for the customers." See, Federal Policy Form 16-02-33. Thus, in order to determine if Peters' status it is necessary to determine if he qualifies as

a "staff of the insured" or a "temporary employee for the customer."

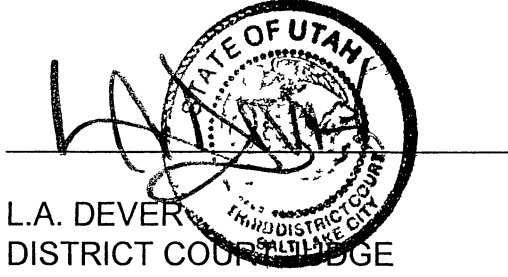
The term "staff" is not defined under the Federal policy. Failure to define a policy term, however, does not render the term ambiguous. Instead, the term should still be construed as an ordinary person would understand it. See, *Winter v Minnesota Mutual Life Ins Co.* 199 F.3d 399, 408 (7<sup>th</sup> Cir. 1999); *LDS Hospital v Capital Life Ins Co.*, 765 P.2d 857 (Utah 1988). Here, the Court interprets the plain language of the term to not include Peters as a staff employee of SOS. Otherwise, to consider Peters as "staff" would be to conclude that Great American and Federal agreed to underwrite all motoring risks operating under the supervision and control of any and all SOS clients. This position is untenable and not supported by the undisputed evidence. Here, Peters was under the operation and control of Vicars Trucking and not SOS Staffing. Consistent with this is the undisputed statement of SOS Risk Manager, Mark Marshall, stating that Peters was not part of the SOS staff. See, Marshall Affidavit.

Accordingly, because Peters is not a staff of the insured, he is not covered under the Great American policy and therefore:

Great American's Motion For Summary Judgment is granted and defendants' Motions For Partial Summary Judgment are denied.

Dated this 12 day of July, 2004.

BY THE COURT:

  
L.A. DEVER  
DISTRICT COURT JUDGE



## MAILING CERTIFICATE

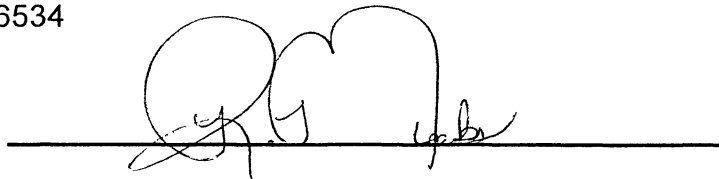
I hereby certify that I mailed a true and correct copy of the foregoing  
**MEMORANDUM DECISION**, to the following, this 13 Day of July, 2004:

John Lund  
Jill Dunyon  
Snow, Christensen & Martineau  
10 Exchange Place, Eleventh Floor  
PO Box 45000  
Salt Lake City, Utah 84145-5000

Joseph Minnock  
Morgan, Minnock & Rice  
136 South Main Street, 8<sup>th</sup> Floor  
Salt Lake City, Utah 84111

Alan Bradshaw  
Manning, Curtis, Bradshaw & Bednar  
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Salt Lake City, Utah 84111

George Hall Jr.  
Rebecca Cooper  
Phelps Dunbar  
365 Canal Street, Suite 2000  
New Orleans, LA 70130-6534



Tab C



Chubb Group of Insurance Companies

15 Mountain View Road, Warren, NJ 07059

## DECLARATIONS

## BUSINESS AUTO POLICY

Prior Number 7350-75-00

Producer Number 0007863

Policy Number BAP 02 7350-75-00

Issued by the stock insurance company indicated  
(by "x" below)

☒ **FEDERAL INSURANCE COMPANY**  
Incorporated under the laws of Indiana

☐ **PACIFIC INDEMNITY COMPANY**  
Incorporated under the laws of Wisconsin

### ITEM ONE

#### Named Insured & Mailing Address

SOS STAFFING SERVICES, INC.  
1415 S. MAIN STREET  
SALT LAKE CITY, UT 84115

#### Name, Mailing Address of Producer

DIVERSIFIED INSURANCE BROKERS  
136 E. SOUTH TEMPLE #2300  
SALT LAKE CITY, UT 84111-0000

#### FORM OF NAMED INSURED'S BUSINESS:

☒ Corporation    ☐ Limited Liability Company    ☐ Individual  
☐ Partnership    ☐ Other \_\_\_\_\_

NAMED INSURED'S BUSINESS: \_\_\_\_\_

#### POLICY PERIOD:

Policy covers FROM JANUARY 1, 2001 TO JANUARY 1, 2002  
12:01 A.M. Standard Time at your mailing address shown above.

**IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.**

These Declaration Pages with Policy Provisions and Endorsement(s) complete above numbered policy.

In Witness Whereof, the company issuing this policy has caused this policy to be signed by its authorized officers, but this policy shall not be valid unless also signed by a duly authorized representative of the company.

PACIFIC INDEMNITY COMPANY

*Thomas F. Motamed*  
President

*Henry A. Aubick*  
Secretary

FEDERAL INSURANCE COMPANY

*Henry A. Aubick*  
President

*Henry A. Aubick*  
Secretary

*Robert Hamburger*  
Authorized Representative

Authorized Representative

**DECLARATIONS—BUSINESS AUTO POLICY—(Continued)**

Policy Number BAP (02 ) 7350-75-00

**ITEM TWO****SCHEDULE OF COVERAGES AND COVERED AUTOS**

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to the autos shown as covered autos. Autos are shown as covered autos for a particular coverage by the entry of one or more of the symbols from COVERED AUTOS Section of the Business Auto Coverage Form next to the name of the coverage.

COVERAGES	COVERED AUTOS (Entry of one or more of the symbols from the COVERED AUTOS Section of the Business Auto Coverage Form which shows which autos are covered autos)	LIMIT  THE MOST WE WILL PAY FOR ANY ONE ACCIDENT OR LOSS	PREMIUM
LIABILITY	1	\$1,000,000	\$15,214.00
PERSONAL INJURY PROTECTION (or equivalent added No-fault coverage)	5	SEPARATELY STATED IN EACH PIP ENDORSE- MENT MINUS Deductible	\$408.00
ADDED PERSONAL INJURY PROTECTION (or equivalent added No-fault coverage)		SEPARATELY STATED IN EACH ADDED PIP ENDORSEMENT	
PROPERTY PROTECTION INSURANCE (Michigan only)		SEPARATELY STATED IN THE PPI ENDORSE- MENT MINUS Deductible for EACH ACCIDENT	
AUTO MEDICAL PAYMENTS	7	\$5,000	\$56.00
UNINSURED MOTORISTS	2, 8	\$1,000,000	\$400.00
UNDERINSURED MOTORISTS (When not included in Uninsured Motorists Coverage)	2, 8	\$1,000,000	INCLUDED
PHYSICAL DAMAGE COMPREHENSIVE COVERAGE		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$1000 Ded. FOR EACH COVERED AUTO, BUT NO DEDUCTIBLE APPLIES TO LOSS CAUSED BY FIRE OR LIGHTNING. See ITEM FOUR for hired or borrowed autos.	\$1,224.00
PHYSICAL DAMAGE SPECIFIED CAUSES OF LOSS COVERAGE		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$25. Ded. FOR EACH COVERED AUTO FOR LOSS CAUSED BY MIS- CHIEF OR VANDALISM. See ITEM FOUR for hired or borrowed autos.	
PHYSICAL DAMAGE COLLISION COVERAGE		ACTUAL CASH VALUE OR COST OF REPAIR WHICHEVER IS LESS, MINUS \$1000 Ded. FOR EACH COV- ERED AUTO. See ITEM FOUR for hired or borrowed autos.	\$3,190.00
PHYSICAL DAMAGE TOWING AND LABOR (Not Available in California)		for each disablement of a private passenger auto.	
FORMS AND ENDORSEMENTS ATTACHED TO THIS POLICY AT ITS INCEPTION		PREMIUM FOR ENDORSEMENTS	
REFER TO SCHEDULE OF FORMS ATTACHED			
PREMIUM FOR ENDORSEMENTS			
		ESTIMATED TOTAL PREMIUM	\$20,492.00
			144

# DECLARATIONS—BUSINESS AUTO POLICY—(Continued)

## ITEM THREE

Policy Number BAP (02 ) 7350-75-00

## SCHEDULE OF COVERED AUTOS YOU OWN

Covered Auto No.	DESCRIPTION							TERRITORY	
	Year Model; Trade Name; Body Type Serial Number (S); Vehicle Identification Number (VIN)				PURCHASED			Town & State Where the Covered Auto will be principally garaged	
					Original Cost New	Actual Cost & NEW (N) USED (U)			
1	SEE SCHEDULE ATTACHED								
2									
3									
4									
5									
Covered Auto No.	CLASSIFICATION								EXCEPT FOR Towing, all physical damages loss is payable to you and the loss payee named below as interests may appear at the time of the loss.
	Radius of Operation	Business Use s = service r = retail c = commercial	Size GVW, GCW or Vehicle Seating Capacity	Age Group	Primary Rating Factor Liab. Phy. Dam.		Secondary Rating Factor	Code	
1	SEE SCHEDULE ATTACHED								
2									
3									
4									
5									
Covered Auto No.	COVERAGES—PREMIUMS, LIMITS AND DEDUCTIBLES (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead.)								
	LIABILITY		PERSONAL INJURY PROTECTION		ADDED PIP		PROP. PROT. (Mich. only)		
	Limit	Premium	Limit stated in each PIP end. minus deductible shown below	Premium	Limit stated in each Added PIP end. Premium	Limit stated in PIP end. minus deductible shown below	Premium		
1	SEE SCHEDULE ATTACHED								
2									
3									
4									
5									
Total Premium	\$12,986.00		\$408.00						
Covered Auto No.	COVERAGES—PREMIUMS, LIMITS AND DEDUCTIBLES (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead.)								
	AUTO MEDICAL PAYMENTS		UNINSURED MOTORISTS		UNDERINSURED MOTORISTS				
	Limit	Premium	Limit	Premium	Limit	Premium			
1	SEE SCHEDULE ATTACHED								
2									
3									
4									
5									
Total Premium	\$56.00		\$400.00		INCLUDED				



## DECLARATIONS—BUSINESS AUTO POLICY—(Continued)

Policy Number BAP (02 ) 7350-75-00

### ITEM THREE—(Continued)

Covered Auto No.	COVERAGES—PREMIUMS, LIMITS AND DEDUCTIBLES (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead.)						
	COMPREHENSIVE		SPECIFIED CAUSES OF LOSS	COLLISION		TOWING & LABOR	
	Limit stated in ITEM TWO minus deductible shown below	Premium	Limit stated in ITEM TWO Premium	Limit stated in ITEM TWO minus deductible shown below	Premium	Limit Per Disablement	Premium
1	SEE SCHEDULE ATTACHED						
2							
3							
4							
5							
Total Premium		\$1,210.00			\$3,175.00		

### ITEM FOUR

#### SCHEDULE OF HIRED OR BORROWED COVERED AUTO COVERAGE AND PREMIUMS

##### LIABILITY COVERAGE—RATING BASIS, COST OF HIRE

STATE	ESTIMATED COST OF HIRE FOR EACH STATE	RATE PER EACH \$100 COST OF HIRE	FACTOR (If Liab. Cov. is primary)	PREMIUM
-------	---------------------------------------	----------------------------------	-----------------------------------	---------

SEE ATTACHED SCHEDULE OF HIRED AUTOS

Cost of hire means the total amount you incur for the hire of autos you don't own (not including autos you borrow or rent from your partners or employees or their family members). Cost of hire does not include charges for services performed by motor carriers of property or passengers.

##### PHYSICAL DAMAGE COVERAGE

COVERAGES	LIMIT OF INSURANCE THE MOST WE WILL PAY DEDUCTIBLE	ESTIMATED ANNUAL COST OF HIRE	RATE PER EACH \$100 ANNUAL COST OF HIRE	PREMIUM
COMPREHENSIVE	ACTUAL CASH VALUE, COST OF REPAIRS OR \$25,000 WHICHEVER IS LESS, MINUS \$100 Ded. FOR EACH COVERED AUTO, BUT NO DEDUCTIBLE APPLIES TO LOSS CAUSED BY FIRE OR LIGHTNING	IF ANY		\$14.00
SPECIFIED CAUSES OF LOSS	ACTUAL CASH VALUE, COST OF REPAIRS OR WHICHEVER IS LESS, MINUS \$25 Ded. FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM			
COLLISION	ACTUAL CASH VALUE, COST OF REPAIRS OR \$25,000 WHICHEVER IS LESS, MINUS \$1,000 Ded. FOR EACH COVERED AUTO	IF ANY		\$15.00
			TOTAL PREMIUM	\$29.00

# DECLARATIONS—BUSINESS AUTO POLICY—(Continued)

Policy Number BAP (02 7350-75-00

## ITEM FIVE

### SCHEDULE FOR NON-OWNERSHIP LIABILITY

Named Insured's Business	Rating Basis	Number	Premium
Other than a Social Service Agency	Number of Employees	10,000	\$2,106.00
	Number of Partners		
Social Service Agency	Number of Employees		
	Number of Volunteers		
			\$2,106.00

## ITEM SIX

### SCHEDULE FOR GROSS RECEIPTS OR MILEAGE BASIS—LIABILITY COVERAGE—PUBLIC AUTO OR LEASING RENTAL CONCERNS

Estimated Yearly	RATES		PREMIUMS	
	<input type="checkbox"/> Per \$100 of Gross Receipts	<input type="checkbox"/> Per Mile		
<input type="checkbox"/> Gross Receipts	LIABILITY COVERAGE	AUTO MEDICAL PAYMENTS	LIABILITY COVERAGE	AUTO MEDICAL PAYMENTS
<input type="checkbox"/> Mileage				
		TOTAL PREMIUMS		
		MINIMUM PREMIUMS		

When used as a premium basis:

#### 1 PUBLIC AUTOS

**Gross Receipts** means the total amount to which you are entitled for transporting passengers, mail or merchandise during the policy period regardless of whether you or any other carrier originate the transportation. **Gross Receipts** does not include:

Amounts you pay to railroads, steamship lines, airlines and other motor carriers operating under their own ICC or PUC permits.

Advertising Revenue.

Taxes which you collect as a separate item and remit directly to a governmental division.

C.O.D. collections for cost of mail or merchandise including collection fees.

**Mileage** means the total live and dead mileage of all revenue producing units operated during the policy period.

#### 1 RENTAL OR LEASING CONCERNS

**Gross Receipts** means the total amount to which you are entitled for the leasing or rental of autos during the policy period and includes taxes except the taxes which you collect as a separate item and remit directly to a governmental division.

**Mileage** means the total of all live and dead mileage developed by the autos you leased or rented to others during the policy period.

## BUSINESS AUTO COVERAGE FORM

Various provisions in this policy restrict coverage. Read the entire policy carefully to determine rights, duties and what is and is not covered.

Throughout this policy the words "you" and "your" refer to the Named Insured shown in the Declarations. The words "we", "us" and "our" refer to the Company providing this insurance.

Other words and phrases that appear in quotation marks have special meaning. Refer to Section V—Definitions.

### SECTION I—COVERED AUTOS

ITEM TWO of the Declarations shows the "autos" that are covered "autos" for each of your coverages. The following numerical symbols describe the "autos" that may be covered "autos". The symbols entered next to a coverage on the Declarations designate the only "autos" that are covered "autos".

#### A. DESCRIPTION OF COVERED AUTO DESIGNATION SYMBOLS

- | SYMBOL | DESCRIPTION  |
|--------|--|
| 1 =    | ANY "AUTO".  |
| 2 =    | OWNED "AUTOS" ONLY. Only those "autos" you own (and for Liability Coverage any "trailers" you don't own while attached to power units you own). This includes those "autos" you acquire ownership of after the policy begins.  |
| 3 =    | OWNED PRIVATE PASSENGER "AUTOS" ONLY. Only the private passenger "autos" you own. This includes those private passenger "autos" you acquire ownership of after the policy begins.  |
| 4 =    | OWNED "AUTOS" OTHER THAN PRIVATE PASSENGER "AUTOS" ONLY. Only those "autos" you own that are not of the private passenger type (and for Liability Coverage any "trailers" you don't own while attached to power units you own). This includes those "autos" not of the private passenger type you acquire ownership of after the policy begins.                        |
| 5 =    | OWNED "AUTOS" SUBJECT TO NO- FAULT. Only those "autos" you own that are required to have No-Fault benefits in the state where they are licensed or principally garaged. This includes those "autos" you acquire ownership of after the policy begins provided they are required to have No-Fault benefits in the state where they are licensed or principally garaged. |
| 6 =    | OWNED "AUTOS" SUBJECT TO A COMPULSORY UNINSURED MOTORISTS LAW. Only those "autos" you own that because of the law in the state where they are licensed or principally garaged are required to have and cannot reject Uninsured Motorists Coverage. This in-  |

cludes those "autos" you acquire ownership of after the policy begins provided they are subject to the same state uninsured motorists requirement.

- 7 = SPECIFICALLY DESCRIBED "AUTOS". Only those "autos" described in ITEM THREE of the Declarations for which a premium charge is shown (and for Liability Coverage any "trailers" you don't own while attached to any power unit described in ITEM THREE).
- 8 = HIRED "AUTOS" ONLY. Only those "autos" you lease, hire, rent or borrow. This does not include any "auto" you lease, hire, rent or borrow from any of your "employees" or partners or members of their households.
- 9 = NONOWNED "AUTOS" ONLY. Only those "autos" you do not own, lease, hire, rent or borrow that are used in connection with your business. This includes "autos" owned by your "employees", partners (if you are a partnership), members (if you are a limited liability company), or members of their households but only while used in your business or your personal affairs.

#### B. OWNED AUTOS YOU ACQUIRE AFTER THE POLICY BEGINS

- 1. If symbols 1, 2, 3, 4, 5 or 6 are entered next to a coverage in ITEM TWO of the Declarations, then you have coverage for "autos" that you acquire of the type described for the remainder of the policy period.
- 2. But, if symbol 7 is entered next to a coverage in ITEM TWO of the Declarations, an "auto" you acquire will be a covered "auto" for that coverage only if:
  - a. We already cover all "autos" that you own for that coverage or it replaces an "auto" you previously owned that had that coverage; and
  - b. You tell us within 30 days after you acquire it that you want us to cover it for that coverage.

#### C. CERTAIN TRAILERS, MOBILE EQUIPMENT AND TEMPORARY SUBSTITUTE AUTOS



If Liability Coverage is provided by this Coverage Form, the following types of vehicles are also covered "autos" for Liability Coverage:

1. "Trailers" with a load capacity of 2,000 pounds or less designed primarily for travel on public roads.
2. "Mobile equipment" while being carried or towed by a covered "auto".
3. Any "auto" you do not own while used with the permission of its owner as a temporary substitute for a covered "auto" you own that is out of service because of its:
  - a. Breakdown;
  - b. Repair;
  - c. Servicing;
  - d. "Loss"; or
  - e. Destruction.

## SECTION II—LIABILITY COVERAGE

### A. COVERAGE

We will pay all sums an "insured" legally must pay as damages because of "bodily injury" or "property damage" to which this insurance applies, caused by an "accident" and resulting from the ownership, maintenance or use of a covered "auto".

We will also pay all sums an "insured" legally must pay as a "covered pollution cost or expense" to which this insurance applies, caused by an "accident" and resulting from the ownership, maintenance or use of covered "autos". However, we will only pay for the "covered pollution cost or expense" if there is either "bodily injury" or "property damage" to which this insurance applies that is caused by the same "accident".

We have the right and duty to defend any "insured" against a "suit" asking for such damages or a "covered pollution cost or expense". However, we have no duty to defend any "insured" against a "suit" seeking damages for "bodily injury" or "property damage" or a "covered pollution cost or expense" to which this insurance does not apply. We may investigate and settle any claim or "suit" as we consider appropriate. Our duty to defend or settle ends when the Liability Coverage Limit of Insurance has been exhausted by payment of judgments or settlements.

#### 1. WHO IS AN INSURED

The following are "insureds":

- a. You for any covered "auto".
- b. Anyone else while using with your permission a covered "auto" you own, hire or borrow except:
  - (1) The owner or anyone else from whom you hire or borrow a covered "auto". This ex-

ception does not apply if the covered "auto" is a "trailer" connected to a covered "auto" you own.

- (2) Your "employee" if the covered "auto" is owned by that "employee" or a member of his or her household.
- (3) Someone using a covered "auto" while he or she is working in a business of selling, servicing, repairing, parking or storing "autos" unless that business is yours.
- (4) Anyone other than your "employees", partners (if you are a partnership), members (if you are a limited liability company), or a lessee or borrower or any of their "employees", while moving property to or from a covered "auto".
- (5) A partner (if you are a partnership), or a member (if you are a limited liability company) for a covered "auto" owned by him or her or a member of his or her household.

- c. Anyone liable for the conduct of an "insured" described above but only to the extent of that liability.

### 2. COVERAGE EXTENSIONS

#### a. Supplementary Payments

In addition to the Limit of Insurance, we will pay for the "insured":

- (1) All expenses we incur.
- (2) Up to \$2,000 for cost of bail bonds (including bonds for related traffic law violations) required because of an "accident" we cover. We do not have to furnish these bonds.
- (3) The cost of bonds to release attachments in any "suit" against the "insured" we defend, but only for bond amounts within our Limit of Insurance.
- (4) All reasonable expenses incurred by the "insured" at our request, including actual loss of earning up to \$250 a day because of time off from work.
- (5) All costs taxed against the "insured" in any "suit" against the "insured" we defend.
- (6) All interest on the full amount of any judgment that accrues after entry of the judgment in any "suit" against the "insured" we defend, but our duty to pay interest ends when we have paid, offered to pay or deposited in court the part of the judgment that is within our Limit of Insurance.

**b. Out-of-State Coverage Extensions**

While a covered "auto" is away from the state where it is licensed we will:

- (1) Increase the Limit of Insurance for Liability Coverage to meet the limits specified by a compulsory or financial responsibility law of the jurisdiction where the covered "auto" is being used. This extension does not apply to the limit or limits specified by any law governing motor carriers of passengers or property.
- (2) Provide the minimum amounts and types of other coverages, such as no-fault, required of out-of-state vehicles by the jurisdiction where the covered "auto" is being used.

We will not pay anyone more than once for the same elements of loss because of these extensions.

**B. EXCLUSIONS**

This insurance does not apply to any of the following:

**1. EXPECTED OR INTENDED INJURY**

"Bodily injury" or "property damage" expected or intended from the standpoint of the "insured".

**2. CONTRACTUAL**

Liability assumed under any contract or agreement.

But this exclusion does not apply to liability for damages:

- a. Assumed in a contract or agreement that is an "insured contract" provided the "bodily injury" or "property damage" occurs subsequent to the execution of the contract or agreement; or
- b. That the "insured" would have in the absence of the contract or agreement.

**3. WORKERS' COMPENSATION**

Any obligation for which the "insured" or the "insured's" insurer may be held liable under any workers' compensation, disability benefits or unemployment compensation law or any similar law.

**4. EMPLOYEE INDEMNIFICATION AND EMPLOYER'S LIABILITY**

"Bodily injury" to:

- a. An "employee" of the "insured" arising out of and in the course of:
  - (1) Employment by the "insured"; or
  - (2) Performing the duties related to the conduct of the "insured's" business; or
- b. The spouse, child, parent, brother or sister of that "employee" as a consequence of paragraph a. above.

This exclusion applies:

- (1) Whether the "insured" may be liable as an employer or in any other capacity; and
- (2) To any obligation to share damages with or repay someone else who must pay damages because of the injury.

But this exclusion does not apply to "bodily injury" to domestic "employees" not entitled to workers' compensation benefits or to liability assumed by the "insured" under an "insured contract". For the purposes of the Coverage Form, a domestic "employee" is a person engaged in household or domestic work performed principally in connection with a residence premises.

**5. FELLOW EMPLOYEE**

"Bodily injury" to any fellow "employee" of the "insured" arising out of and in the course of the fellow "employee's" employment or while performing duties related to the conduct of your business.

**6. CARE, CUSTODY OR CONTROL**

"Property damage" to or "covered pollution cost or expense" involving property owned or transported by the "insured" or in the "insured's" care, custody or control. But this exclusion does not apply to liability assumed under a sidetrack agreement.

**7. HANDLING OF PROPERTY**

"Bodily injury" or "property damage" resulting from the handling of property:

- a. Before it is moved from the place where it is accepted by the "insured" for movement into or onto the covered "auto"; or
- b. After it is moved from the covered "auto" to the place where it is finally delivered by the "insured".

**8. MOVEMENT OF PROPERTY BY MECHANICAL DEVICE**

"Bodily injury" or "property damage" resulting from the movement of property by a mechanical device (other than a hand truck) unless the device is attached to the covered "auto".

**9. OPERATIONS**

"Bodily injury" or "property damage" arising out of the operation of any equipment listed in paragraphs 6.b and 6.c. of the definition of "mobile equipment".

**10. COMPLETED OPERATIONS**

"Bodily injury" or "property damage" arising out of your work after that work has been completed or abandoned.

In this exclusion, your work means:

- a. Work or operations performed by you or on your behalf; and
- b. Materials, parts or equipment furnished in connection with such work or operations.

Your work includes warranties or representations made at any time with respect to the fitness, quality, durability or performance of any of the items included in paragraphs a. or b. above.

Your work will be deemed completed at the earliest of the following times:

- (1) When all of the work called for in your contract has been completed.
- (2) When all of the work to be done at the site has been completed if your contract calls for work at more than one site.
- (3) When that part of the work done at a job site has been put to its intended use by any person or organization other than another contractor or subcontractor working on the same project.

Work that may need service, maintenance, correction, repair or replacement, but which is otherwise complete, will be treated as completed.

## 11. POLLUTION

"Bodily injury" or "property damage" arising out of the actual, alleged or threatened discharge, dispersal, seepage, migration, release or escape of "pollutants":

- a. That are, or that are contained in any property that is:
  - (1) Being transported or towed by, handled, or handled for movement into, onto or from, the covered "auto";
  - (2) Otherwise in the course of transit by or on behalf of the "insured"; or
  - (3) Being stored, disposed of, treated or processed in or upon the covered "auto";
- b. Before the "pollutants" or any property in which the "pollutants" are contained are moved from the place where they are accepted by the "insured" for movement into or onto the covered "auto"; or
- c. After the "pollutants" or any property in which the "pollutants" are contained are moved from the covered "auto" to the place where they are finally delivered, disposed of or abandoned by the "insured".

Paragraph a. above does not apply to fuels, lubricants, fluids, exhaust gases or other similar "pollutants" that are needed for or result from the normal electrical, hydraulic or me-

chanical functioning of the covered "auto" or its parts, if:

- (1) The "pollutants" escape, seep, migrate, or are discharged, dispersed or released directly from an "auto" part designed by its manufacturer to hold, store, receive or dispose of such "pollutants"; and
- (2) The "bodily injury", "property damage" or "covered pollution cost or expense" does not arise out of the operation of any equipment listed in paragraphs 6.b. and 6.c. of the definition of "mobile equipment".

Paragraphs b. and c. above of this exclusion do not apply to "accidents" that occur away from premises owned by or rented to an "insured" with respect to "pollutants" not in or upon a covered "auto" if:

- (1) The "pollutants" or any property in which the "pollutants" are contained are upset, overturned or damaged as a result of the maintenance or use of a covered "auto"; and
- (2) The discharge, dispersal, seepage, migration, release or escape of the "pollutants" is caused directly by such upset, overturn or damage.

## 12. WAR

"Bodily injury" or "property damage" due to war, whether or not declared, or any act or condition incident to war. War includes civil war, insurrection, rebellion or revolution. This exclusion applies only to liability assumed under a contract or agreement.

## 13. RACING

Covered "autos" while used in any professional or organized racing or demolition contest or stunting activity, or while practicing for such contest or activity. This insurance also does not apply while that covered "auto" is being prepared for such a contest or activity.

## C. LIMIT OF INSURANCE

Regardless of the number of covered "autos", "insureds", premiums paid, claims made or vehicles involved in the "accident", the most we will pay for the total of all damages and "covered pollution cost or expense" combined, resulting from any one "accident" is the Limit of Insurance for Liability Coverage shown in the Declarations.

All "bodily injury", "property damage" and "covered pollution cost or expense" resulting from continuous or repeated exposure to substantially the same conditions will be considered as resulting from one "accident".

No one will be entitled to receive duplicate payments for the same elements of "loss" under this Coverage Form and any Medical Payments Coverage Endorsement, Uninsured Motorists Coverage Endorsement or Underinsured Motorists Coverage Endorsement attached to this Coverage Part.

### SECTION III—PHYSICAL DAMAGE COVERAGE

#### A. COVERAGE

1. We will pay for "loss" to a covered "auto" or its equipment under:

- a. **Comprehensive Coverage**

From any cause except:

- (1) The covered "auto's" collision with another object; or
    - (2) The covered "auto's" overturn.

- b. **Specified Causes of Loss Coverage**

Caused by:

- (1) Fire, lightning or explosion;
    - (2) Theft;
    - (3) Windstorm, hail or earthquake;
    - (4) Flood;
    - (5) Mischief or vandalism; or
    - (6) The sinking, burning, collision or derailment of any conveyance transporting the covered "auto".

- c. **Collision Coverage**

Caused by:

- (1) The covered "auto's" collision with another object; or
    - (2) The covered "auto's" overturn.

2. **Towing**

We will pay up to the limit shown in the Declarations for towing and labor costs incurred each time a covered "auto" of the private passenger type is disabled. However, the labor must be performed at the place of disablement.

3. **Glass Breakage—Hitting a Bird or Animal—Falling Objects or Missiles**

If you carry Comprehensive Coverage for the damaged covered "auto", we will pay for the following under Comprehensive Coverage:

- a. Glass breakage;
  - b. "Loss" caused by hitting a bird or animal; and
  - c. "Loss" caused by falling objects or missiles.

However, you have the option of having glass breakage caused by a covered "auto's" collision or overturn considered a "loss" under Collision Coverage.

4. **Coverage Extension**

We will also pay up to \$15 per day to a maximum of \$450 for temporary transportation expense incurred by you because of the total theft of a covered "auto" of the private passenger type. We will pay only for those covered "autos" for which you carry either Comprehensive or Specified Causes of Loss Coverage. We will pay for temporary transportation expenses incurred during the period beginning 48 hours after the theft and ending, regardless of the policy's expiration, when the covered "auto" is returned to use or we pay for its "loss."

#### B. EXCLUSIONS

1. We will not pay for "loss" caused by or resulting from any of the following. Such "loss" is excluded regardless of any other cause or event that contributes concurrently or in any sequence to the "loss".

- a. **Nuclear Hazard**

- (1) The explosion of any weapon employing atomic fission or fusion; or
    - (2) Nuclear reaction or radiation or radioactive contamination, however caused.

- b. **War or Military Action**

- (1) War, including undeclared or civil war;
    - (2) Warlike action by a military force, including action in hindering or defending against an actual or expected attack, by any government, sovereign or other authority using military personnel or other agents; or
    - (3) Insurrection, rebellion, revolution, usurped power or action taken by governmental authority in hindering or defending against any of these.

2. We will not pay for "loss" to any covered "auto" while used in any professional or organized racing or demolition contest or stunting activity, or while practicing for such contest or activity. We will also not pay for "loss" to any covered "auto" while that covered "auto" is being prepared for such a contest or activity.

3. We will not pay for "loss" caused by or resulting from any of the following unless caused by other "loss" that is covered by this insurance:

- a. Wear and tear, freezing, mechanical or electrical breakdown.
  - b. Blowouts, punctures or other road damage to tires.

4. We will not pay for "loss" to any of the following:

- a. Tapes, records, discs or other similar audio, visual or data electronic devices designed for

use with audio, visual or data electronic equipment.

- b. Any device designed or used to detect speed measuring equipment such as radar or laser detectors and any jamming apparatus intended to elude or disrupt speed measurement equipment.
- c. Any electronic equipment, without regard to whether this equipment is permanently installed, that receives or transmits audio, visual or data signals and that is not designed solely for the reproduction of sound.
- d. Any accessories used with the electronic equipment described in paragraph c. above.

Exclusions 4.c. and 4.d. do not apply to:

- a. Equipment designed solely for the reproduction of sound and accessories used with such equipment, provided such equipment is permanently installed in the covered "auto" at the time of the "loss" or such equipment is removable from a housing unit which is permanently installed in the covered "auto" at the time of the "loss", and such equipment is designed to be solely operated by use of the power from the "auto's" electrical system, in or upon the covered "auto"; or
- b. Any other electronic equipment that is:
  - (1) Necessary for the normal operation of the covered "auto" or the monitoring of the covered "auto's" operating system; or
  - (2) An integral part of the same unit housing any sound reproducing equipment described in a. above and permanently installed in the opening of the dash or console of the covered "auto" normally used by the manufacturer for installation of a radio.

## **5. LIMIT OF INSURANCE**

The most we will pay for "loss" in any one "accident" is the lesser of:

- 1. The actual cash value of the damaged or stolen property as of the time of the "loss"; or
- 2. The cost of repairing or replacing the damaged or stolen property with other property of like kind and quality.

## **DEDUCTIBLE**

For each covered "auto", our obligation to pay for, repair, return or replace damaged or stolen property will be reduced by the applicable deductible shown in the Declarations. Any Comprehensive Coverage deductible

shown in the Declarations does not apply to "loss" caused by fire or lightning.

## **SECTION IV—BUSINESS AUTO CONDITIONS**

The following conditions apply in addition to the Common Policy Conditions:

### **A. LOSS CONDITIONS**

#### **1. APPRAISAL FOR PHYSICAL DAMAGE LOSS**

If you and we disagree on the amount of "loss", either may demand an appraisal of the "loss". In this event, each party will select a competent appraiser. The two appraisers will select a competent and impartial umpire. The appraisers will state separately the actual cash value and amount of "loss". If they fail to agree, they will submit their differences to the umpire. A decision agreed to by any two will be binding. Each party will:

- a. Pay its chosen appraiser; and
- b. Bear the other expenses of the appraisal and umpire equally.

If we submit to an appraisal, we will still retain our right to deny the claim.

#### **2. DUTIES IN THE EVENT OF ACCIDENT, CLAIM, SUIT OR LOSS**

We have no duty to provide coverage under this policy unless there has been full compliance with the following duties:

- a. In the event of "accident", claim, "suit" or "loss", you must give us or our authorized representative prompt notice of the "accident" or "loss". Include:
  - (1) How, when and where the "accident" or "loss" occurred;
  - (2) The "insured's" name and address; and
  - (3) To the extent possible, the names and addresses of any injured persons and witnesses.
- b. Additionally, you and any other involved "insured" must:
  - (1) Assume no obligation, make no payment or incur no expense without our consent, except at the "insured's" own cost.
  - (2) Immediately send us copies of any request, demand, order, notice, summons or legal paper received concerning the claim or "suit".
  - (3) Cooperate with us in the investigation or settlement of the claim or defense against the "suit".
  - (4) Authorize us to obtain medical records or other pertinent information.

- (5) Submit to examination, at our expense, by physicians of our choice, as often as we reasonably require.

- c. If there is "loss" to a covered "auto" or its equipment you must also do the following:

- (1) Promptly notify the police if the covered "auto" or any of its equipment is stolen.
- (2) Take all reasonable steps to protect the covered "auto" from further damage. Also keep a record of your expenses for consideration in the settlement of the claim.
- (3) Permit us to inspect the covered "auto" and records proving the "loss" before its repair or disposition.
- (4) Agree to examinations under oath at our request and give us a signed statement of your answers.

### 3. LEGAL ACTION AGAINST US

No one may bring a legal action against us under this Coverage Form until:

- a. There has been full compliance with all the terms of this Coverage Form; and
- b. Under Liability Coverage, we agree in writing that the "insured" has an obligation to pay or until the amount of that obligation has finally been determined by judgment after trial. No one has the right under this policy to bring us into an action to determine the "insured's" liability.

### 4. LOSS PAYMENT—PHYSICAL DAMAGE COVERAGES

At our option we may:

- a. Pay for, repair or replace damaged or stolen property;
- b. Return the stolen property, at our expense. We will pay for any damage that results to the "auto" from the theft; or
- c. Take all or any part of the damaged or stolen property at an agreed or appraised value.

### 5. TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US

If any person or organization to or for whom we make payment under this Coverage Form has rights to recover damages from another, those rights are transferred to us. That person or organization must do everything necessary to secure our rights and must do nothing after "accident" or "loss" to impair them.

## B. GENERAL CONDITIONS

### 1. BANKRUPTCY

Bankruptcy or insolvency of the "insured" or the "insured's" estate will not relieve us of any obligations under this Coverage Form.

### 2. CONCEALMENT, MISREPRESENTATION OR FRAUD

This Coverage Form is void in any case of fraud by you at any time as it relates to this Coverage Form. It is also void if you or any other "insured", at any time, intentionally conceal or misrepresent a material fact concerning:

- a. This Coverage Form;
- b. The covered "auto";
- c. Your interest in the covered "auto"; or
- d. A claim under this Coverage Form.

### 3. LIBERALIZATION

If we revise this Coverage Form to provide more coverage without additional premium charge, your policy will automatically provide the additional coverage as of the day the revision is effective in your state.

### 4. NO BENEFIT TO BAILEE—PHYSICAL DAMAGE COVERAGES

We will not recognize any assignment or grant any coverage for the benefit of any person or organization holding, storing or transporting property for a fee regardless of any other provision of this Coverage Form.

### 5. OTHER INSURANCE

- a. For any covered "auto" you own, this Coverage Form provides primary insurance. For any covered "auto" you don't own, the insurance provided by this Coverage Form is excess over any other collectible insurance. However, while a covered "auto" which is a "trailer" is connected to another vehicle, the Liability Coverage this Coverage Form provides for the "trailer" is:

- (1) Excess while it is connected to a motor vehicle you do not own.

- (2) Primary while it is connected to a covered "auto" you own.

- b. For Hired Auto Physical Damage Coverage, any covered "auto" you lease, hire, rent or borrow is deemed to be a covered "auto" you own. However, any "auto" that is leased, hired, rented or borrowed with a driver is not a covered "auto".

- c. Regardless of the provisions of paragraph a. above, this Coverage Form's Liability Coverage is primary for any liability assumed under an "insured contract".

- d. When this Coverage Form and any other Coverage Form or policy covers on the same basis, either excess or primary, we will pay only our share. Our share is the proportion that the Limit of Insurance of our Coverage Form bears to the total of the limits of all the Coverage Forms and policies covering on the same basis.

#### 6. PREMIUM AUDIT

- a. The estimated premium for this Coverage Form is based on the exposures you told us you would have when this policy began. We will compute the final premium due when we determine your actual exposures. The estimated total premium will be credited against the final premium due and the first Named Insured will be billed for the balance, if any. If the estimated total premium exceeds the final premium due, the first Named Insured will get a refund.
- b. If this policy is issued for more than one year, the premium for this Coverage Form will be computed annually based on our rates or premiums in effect at the beginning of each year of the policy.

#### 7. POLICY PERIOD, COVERAGE TERRITORY

Under this Coverage Form, we cover "accidents" and "losses" occurring:

- a. During the policy period shown in the Declarations; and
- b. Within the coverage territory.

The coverage territory is:

- a. The United States of America;
- b. The territories and possessions of the United States of America;
- c. Puerto Rico; and
- d. Canada.

We also cover "loss" to, or "accidents" involving a covered "auto" while being transported between any of these places.

#### 8. TWO OR MORE COVERAGE FORMS OR POLICIES ISSUED BY US

If this Coverage Form and any other Coverage Form or policy issued to you by us or any company affiliated with us apply to the same "accident", the aggregate maximum Limit of Insurance under all the Coverage Forms or policies shall not exceed the highest applicable Limit of Insurance under any one Coverage Form or policy. This condition does not apply to any Coverage Form or policy issued

by us or an affiliated company specifically to apply as excess insurance over this Coverage Form.

#### SECTION V—DEFINITIONS

- A. "Accident" includes continuous or repeated exposure to the same conditions resulting in "bodily injury" or "property damage".
- B. "Auto" means a land motor vehicle, "trailer" or semi-trailer designed for travel on public roads but does not include "mobile equipment".
- C. "Bodily injury" means bodily injury, sickness or disease sustained by a person including death resulting from any of these.
- D. "Covered pollution cost or expense" means any cost or expense arising out of:

1. Any request, demand or order; or
2. Any claim or "suit" by or on behalf of a governmental authority demanding

that the "insured" or others test for, monitor, clean up, remove, contain, treat, detoxify or neutralize or in any way respond to, or assess the effects of "pollutants".

"Covered pollution cost or expense" does not include any cost or expense arising out of the actual, alleged or threatened discharge, dispersal, seepage, migration, release or escape of "pollutants":

- a. That are, or that are contained in any property that is:
- (1) Being transported or towed by, handled, or handled for movement into, onto or from the covered "auto";
  - (2) Otherwise in the course of transit by or on behalf of the "insured";
  - (3) Being stored, disposed of, treated or processed in or upon the covered "auto"; or
- b. Before the "pollutants" or any property in which the "pollutants" are contained are moved from the place where they are accepted by the "insured" for movement into or onto the covered "auto"; or
- c. After the "pollutants" or any property in which the "pollutants" are contained are moved from the covered "auto" to the place where they are finally delivered, disposed of or abandoned by the "insured".

Paragraph a. above does not apply to fuels, lubricants, fluids, exhaust gases or other similar "pollutants" that are needed for or result from the normal electrical, hydraulic or mechanical functioning of the covered "auto" or its parts, if:

- (1) The "pollutants" escape, seep, migrate, or are discharged, dispersed or released directly from an "auto" part designed by its manufacturer to hold, store, receive or dispose of such "pollutants"; and

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- (2) The "bodily injury", "property damage" or "covered pollution cost or expense" does not arise out of the operation of any equipment listed in paragraphs 6.b. or 6.c. of the definition of "mobile equipment".

Paragraphs b. and c. above do not apply to "accidents" that occur away from premises owned by or rented to an "insured" with respect to "pollutants" not in or upon a covered "auto" if:

- (1) The "pollutants" or any property in which the "pollutants" are contained are upset, overturned or damaged as a result of the maintenance or use of a covered "auto"; and
- (2) The discharge, dispersal, seepage, migration, release or escape of the "pollutants" is caused directly by such upset, overturn or damage.
- E. "Employee" includes a "leased worker". "Employee" does not include a "temporary worker".
- F. "Insured" means any person or organization qualifying as an insured in the Who Is An Insured provision of the applicable coverage. Except with respect to the Limit of Insurance, the coverage afforded applies separately to each insured who is seeking coverage or against whom a claim or "suit" is brought.
- G. "Insured contract" means:
1. A lease of premises;
  2. A sidetrack agreement;
  3. Any easement or license agreement, except in connection with construction or demolition operations on or within 50 feet of a railroad;
  4. An obligation, as required by ordinance, to indemnify a municipality, except in connection with work for a municipality;
  5. That part of any other contract or agreement pertaining to your business (including an indemnification of a municipality in connection with work performed for a municipality) under which you assume the tort liability of another to pay for "bodily injury" or "property damage" to a third party or organization. Tort liability means a liability that would be imposed by law in the absence of any contract or agreement;
  6. That part of any contract or agreement entered into, as part of your business, pertaining to the rental or lease, by you or any of your "employees", of any "auto". However, such contract or agreement shall not be considered an "insured contract" to the extent that it obligates you or any of your "employees" to pay for "property damage" to any "auto" rented or leased by you or any of your "employees".

An "insured contract" does not include that part of any contract or agreement:

- a. That indemnifies any person or organization for "bodily injury" or "property damage" arising out of construction or demolition operations, within 50 feet of any railroad property and affecting any railroad bridge or trestle, tracks, roadbeds, tunnel, underpass or crossing; or
  - b. That pertains to the loan, lease or rental of an "auto" to you or any of your "employees", if the "auto" is loaned, leased or rented with a driver; or
  - c. That holds a person or organization engaged in the business of transporting property by "auto" for hire harmless for your use of a covered "auto" over a route or territory that person or organization is authorized to serve by public authority.
- H. "Leased worker" means a person leased to you by a labor leasing firm under an agreement between you and the labor leasing firm, to perform duties related to the conduct of your business. "Leased worker" does not include a "temporary worker".
- I. "Loss" means direct and accidental loss or damage.
- J. "Mobile equipment" means any of the following types of land vehicles, including any attached machinery or equipment:
1. Bulldozers, farm machinery, forklifts and other vehicles designed for use principally off public roads;
  2. Vehicles maintained for use solely on or next to premises you own or rent;
  3. Vehicles that travel on crawler treads;
  4. Vehicles, whether self-propelled or not, maintained primarily to provide mobility to permanently mounted:
    - a. Power cranes, shovels, loaders, diggers or drills; or
    - b. Road construction or resurfacing equipment such as graders, scrapers or rollers.
  5. Vehicles not described in paragraphs 1., 2., 3., or 4. above that are not self-propelled and are maintained primarily to provide mobility to permanently attached equipment of the following types:
    - a. Air compressors, pumps and generators, including spraying, welding, building cleaning, geophysical exploration, lighting and well servicing equipment; or
    - b. Cherry pickers and similar devices used to raise or lower workers.
  6. Vehicles not described in paragraphs 1., 2., 3. or 4. above maintained primarily for purposes other than



the transportation of persons or cargo. However, self-propelled vehicles with the following types of permanently attached equipment are not "mobile equipment" but will be considered "autos":

- a. Equipment designed primarily for:
  - (1) Snow removal;
  - (2) Road maintenance, but not construction or resurfacing; or
  - (3) Street cleaning;
- b. Cherry pickers and similar devices mounted on automobile or truck chassis and used to raise or lower workers; and
- c. Air compressors, pumps and generators, including spraying, welding, building cleaning, geophysical exploration, lighting or well servicing equipment.

C. "Pollutants" means any solid, liquid, gaseous or thermal irritant or contaminant, including smoke, vapor, soot, fumes, acids, alkalis, chemicals and waste. Waste includes materials to be recycled, reconditioned or reclaimed.

"Property damage" means damage to or loss of use of tangible property.

M. "Suit" means a civil proceeding in which:

- 1. Damages because of "bodily injury" or "property damage"; or
- 2. A "covered pollution cost or expense", to which this insurance applies, are alleged.

"Suit" includes:

- a. An arbitration proceeding in which such damages or "covered pollution costs or expenses" are claimed and to which the "insured" must submit or does submit with our consent; or
- b. Any other alternative dispute resolution proceeding in which such damages or "covered pollution costs or expenses" are claimed and to which the "insured" submits with our consent.

N. "Temporary worker" means a person who is furnished to you for a finite time period to support or supplement your workforce in special work situations such as "employee" absences, temporary skill shortages and seasonal workloads.

O. "Trailer" includes semitrailer.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

CA 99 33 02 99

## **EMPLOYEES AS INSURED**

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM

MOTOR CARRIER COVERAGE FORM

TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

The following is added to the **Section II – Liability Coverage, Paragraph A.1. Who Is An Insured** Provision:

Any "employee" of yours is an "insured" while using a covered "auto" you don't own, hire or borrow in your business or your personal affairs.

## ***Endorsement***

Date Issued DECEMBER 22, 2000

Policy No. (02) 7350-75-00

Insured SOS STAFFING SERVICES, INC.

Effective Date JANUARY 01, 2001

Name of Company FEDERAL INSURANCE COMPANY

Producer DIVERSIFIED INSURANCE BROKERS

FORM CA989 (02/99)"EMPLOYEES AS INSURED" IS AMENDED TO  
INCLUDE TO FOLLOWING WORDING:

THIS FORM APPLIES TO THE STAFF OF THE INSURED ONLY AND NOT  
TEMPORARY EMPLOYEES FOR THE CUSTOMERS.

All Other Terms and Conditions Remain Unchanged.

  
Authorized Representative

Tab D

# AFFIDAVIT

I, Tom Daley (Underwriters name) Great American Custom Insurance Services,  
state as follows:

Policy # UM 6004144-04

Insured Name SOS Staffing Services, Inc.

Policy term 01/01/01 - 01/01/02

I have reviewed and certified that a complete, certified and true copy of the above policy along with all  
endorsements is attached to this affidavit.

Thomas F Daley

Underwriter

5-1-03

Date

Please review, sign and return to Jan Correll along with the attached policy. Once certified by you, I will stamp  
with our seal.

Saved:  
Claims/Forms/Policy copy affidavit

AMERICAN E & S INSURANCE COMPANY

UMBRELLA LIABILITY POLICY  
DECLARATIONS

Renewal of: NEW

Policy No: UM6 00 41 44-04

1. NAMED INSURED AND ADDRESS:

SOS Staffing Services, Inc.  
1415 South Main Street  
Salt Lake City, UT 84115

IN RETURN FOR PAYMENT OF THE PREMIUM  
AND SUBJECT TO ALL TERMS OF THIS  
POLICY, WE AGREE WITH YOU TO PROVIDE  
THE INSURANCE AS STATED IN THIS POLICY

2. POLICY  
PERIOD

From: 01-01-01

To: 01-01-01

12:01 A.M. Standard Time at the address of the Named Insured shown above.

3. PREMIUM COMPUTATION

( ) Adjustable

(X) Non Adjustable

Premium Basis  
To Be Used

Estimated  
Amount

Rate Per  
\$1,000

Advance  
Premium

Flat

\$74,434

MINIMUM PREMIUM: \$74,434

MINIMUM RETAINED PREMIUM: 25% OF ADVANCE PREMIUM

4. LIMITS OF INSURANCE \$5,000,000.  
\$5,000,000.

Each Occurrence  
General Aggregate (Where Applicable)

5. SELF - INSURED RETENTION \$ 10,000

6. FORMS AND ENDORSEMENTS ATTACHED TO THIS POLICY:

AES117C, AES578, AES120A, AES342C, AES444, AES175, AES168, AES498, AES161, AES151, AES422,  
AEC99, AES447

Agency Name and Address  
Swett & Crawford  
P.O. Box 57370  
Salt Lake City, UT 84157

Countersigned by

Authorized Representative

Date: \_\_\_\_\_

AES 117C (1/98)  
JF 02-28-01

1297



# UMBRELLA LIABILITY POLICY

## SCHEDULE A - SCHEDULE OF UNDERLYING POLICIES

Carrier, Policy Number and Period	Type of Coverage	Limits of Insurance
<b>a) Bankers Standard Ins. Co.</b> (CO, UT & ID) WLRC4313662-8 1-01-01 to 1-01-02  <b>Pacific Employers Ins. Co.</b> (All other States) WLRC4313627-6  <b>Pacific Employers Ins. Co.</b> (MA, NV, WI & ND) SCFC4313623-9	Employers Liability	\$1,000,000 Bodily Injury By Accident Each accident
		\$1,000,000 Bodily Injury By Disease Policy Limit
		\$1,000,000 Bodily Injury By Disease Each employee
<b>b) Federal Ins. Co.</b> 735075-00	Automobile/Garage	( ) Split Limit
	( X ) Any Automobile	Bodily Injury Liability
	( ) Owned Automobile Only	\$ each person \$ each accident
	( ) Specifically Designated Automobile	Property Damage Liability \$ each accident
	( ) Hired Automobile	( X ) Combined Single Limit
	( ) Non – owned Automobile	\$1,000,000 each accident
	( ) Garage Liability	( ) Garage Operations \$ Auto only each accident
	( )	\$ Other than auto each accident
		\$ Other than auto aggregate
	( ) Garagekeepers Liability	\$ each location





## UMBRELLA LIABILITY POLICY

There are provisions in this policy that restrict coverage. Read the entire policy carefully to determine rights, duties and what is and is not covered.

Throughout this policy, the words "you" and "your" refer to the Named Insured as defined in Insuring Agreement, V. **DEFINITIONS.** The words, "we," "us" and "our" refer to the Company providing this insurance. The word "Insured" means any person or organization qualifying as such in Insuring Agreement, V. **DEFINITIONS.** Words and phrases that appear in quotation marks have special meaning and can be found in the **DEFINITION** Section or the specific policy provision where they appear.

In consideration of the payment of the premium and in reliance upon the statements in the Declarations we agree with you to provide coverage as follows:

### INSURING AGREEMENTS

#### I. COVERAGE

We will pay on behalf of the "Insured" those sums in excess of the "retained limit" that the "Insured" becomes legally obligated to pay by reason of liability imposed by law or assumed by the "Insured" under an "insured contract" because of "bodily injury," "property damage," "personal injury," or "advertising injury" that takes place during the Policy Period and is caused by an "occurrence" happening anywhere. The amount we will pay for damages is limited as described below in the Insuring Agreement Section II. **LIMITS OF INSURANCE.**

#### II. LIMITS OF INSURANCE

- A.** The Limits of Insurance shown in Item 4. of the Declarations and the rules below state the most we will pay regardless of the number of:
1. "Insureds";
  2. "claims" made or "suits" brought; or
  3. persons or organizations making "claims" or bringing "suits."
- B.** The General Aggregate Limit is the most we will pay for all damages covered under the Insuring Agreement in Section I., except:
1. damages included in the "products-completed operations hazard"; and
  2. coverages included in the policies listed in the Schedule of Underlying Insurance to which no underlying aggregate limit applies.
- The amount stated on the Declarations as the General Aggregate Limit is the most we will pay for all damages arising out of any "bodily injury," "property damage," "personal injury," or "advertising injury" subject to an aggregate limit in the "underlying insurance." The General Aggregate Limit applies separately and in the same manner as the aggregate limits in the "underlying insurance."
- C.** The Products-Completed Operations Aggregate Limit is the most we will pay for all damages included in the "products-completed operations hazard."
- D.** Subject to B. or C. in Section II. **LIMITS OF INSURANCE**, whichever applies, the Each Occurrence Limit is the most we will pay for "bodily injury," "property damage," "personal injury," or "advertising injury" covered under the Insuring Agreement in Section I. because of all "bodily injury," "property damage," "personal injury," or "advertising injury" arising out of any one "occurrence."

E. If the applicable Limits of Insurance of the policies listed in the Schedule of Underlying Insurance or of other insurance providing coverage to the "Insured" are reduced or exhausted by actual payment of one or more "claims," subject to the terms and conditions of this policy, we will:

1. in the event of reduction, pay in excess of the reduced underlying Limits of Insurance, or;
2. in the event of exhaustion, continue in force as "underlying insurance" but for no broader coverage than is available under this policy.

F. The Limits of Insurance of this policy apply separately to each consecutive annual period and to any remaining period of less than 12 months, starting with the beginning of the policy period shown in the Declarations, unless the policy period is extended after issuance for an additional period of less than 12 months. In that case, the additional period will be deemed part of the last preceding period for purposes of determining the Limits of Insurance.

#### G. Retained Limit

We will be liable only for that portion of damages, subject to the Each Occurrence Limit stated in the Declarations, in excess of the "retained limit," which is the greater of:

1. the total amounts stated as the applicable limits of the underlying policies listed in the Schedule of Underlying Insurance and the applicable limits of any other insurance providing coverage to the "Insured" during the Policy Period; or
2. the amount stated in the Declarations as Self-Insured Retention as a result of any one "occurrence" not covered by the underlying policies listed in the Schedule of Underlying Insurance nor by any other insurance providing coverage to the "Insured" during the Policy Period;

and then up to an amount not exceeding the Each Occurrence Limit as stated in the Declarations.

Once the Self-Insured Retention has been exhausted by actual payment of "claims" in full by the "Insured," the Self-Insured Retention will not be reapplied or again payable by the "Insured" for said Policy Period.

### III. DEFENSE

A. We will have the right and duty to investigate any "claim" and defend any "suit" seeking damages covered by the terms and conditions of this policy when:

1. the applicable Limits of Insurance of the underlying policies listed in the Schedule of Underlying Insurance and the Limits of Insurance of any other insurance providing coverage to the "Insured" have been exhausted by actual payment of "claims" for any "occurrence" to which this policy applies; or
2. damages are sought for any "occurrence" which is covered by this policy but not covered by any underlying policies listed in the Schedule of Underlying Insurance or any other insurance providing coverage to the "Insured."

B. When we assume the defense of any "claim" or "suit":

1. We will investigate any "claim" and defend any "suit" against the "Insured" seeking damages on account of any "occurrence" covered by this policy. We have the right to investigate, defend and settle the "claim" or "suit" as we deem expedient.
2. All expenses we incur in the investigation of any "claim" or defense of any "suit" are in addition to our Limits of Insurance.
3. We will pay the following as expenses, to the extent that they are not included in the coverage in the underlying policies listed in the Schedule of Underlying Insurance or in any other insurance providing coverage to the "Insured":

- a. premiums on bonds, other than appeal bonds, which bond amounts will not exceed our Limits of Insurance, but we are not obligated to apply for or furnish any such bond;
  - b. premiums on appeal bonds, which bond amounts will not exceed our policy limits, required by law to appeal any "claim" or "suit" we defend, but we are not obligated to apply for or furnish any such bond;
  - c. all costs taxed against the "Insured" in any "claim" or "suit" we defend;
  - d. pre-judgment interest awarded against the "Insured" on that part of the judgment we pay that is within our applicable Limits of Insurance. If we make an offer to pay the applicable Limits of Insurance, we will not pay any prejudgment interest based on the period of time after the offer;
  - e. all interest that accrues after entry of judgment and before we have paid, offered to pay or deposited in court the part of the judgment that is within our applicable Limit of Insurance;
  - f. the "Insured's" actual and reasonable expenses incurred at our request.
- C. We will not investigate any "claim" or defend any "suit" after our applicable Limits of Insurance have been exhausted by payment of judgments or settlements.
- D. In all other instances except Subsection A. in Section III. DEFENSE, we will not be obligated to assume charge of the investigation, settlement or defense of any "claim" or "suit" against the "Insured." We will, however, have the right and will be given the opportunity to participate in the settlement, defense and trial of any "claim" or "suit" relative to any "occurrence" which, in our opinion, may create liability on our part under the terms of this policy. If we exercise such right, we will do so at our own expense.

#### IV. EXCLUSIONS

This insurance does not apply to:

- A. "Bodily injury" or "property damage" expected or intended from the standpoint of the "Insured." This exclusion does not apply to "bodily injury" resulting from the use of reasonable force to protect persons or property.
- B. Any obligation of the "Insured" under a Workers Compensation, Unemployment Compensation or Disability Benefits Law, or under any similar law, regulation or ordinance.
- C. Any obligation of the "Insured" under the Employee Retirement Income Security Act of 1974 or any amendments to that act, or under any similar law, regulation or ordinance.
- D. Any obligation of the "Insured" under a No Fault, Uninsured Motorist or Underinsured Motorist law, or under any similar law, regulation or ordinance.
- E. "Property damage" to "impaired property" or property that has not been physically injured, arising out of:
  - 1. a defect, deficiency, inadequacy or dangerous condition in "your product" or "your work"; or
  - 2. a delay or failure by you or anyone acting on your behalf to perform a contract or agreement in accordance with its terms.

This exclusion does not apply to the loss of use of other property arising out of sudden and accidental physical injury to "your product" or "your work" after it has been put to its intended use.

- F. "Property damage" to "your product" arising out of it or any part of it.
- G. "Property damage" to "your work" arising out of it or any part of it and included in the "products-completed operations hazard."

This exclusion does not apply if the damaged work or the work out of which the damage arises was performed on your behalf by a subcontractor.

H. Damages claimed for any loss, cost or expense incurred by you or others ... the loss of use, withdrawal, recall, inspection, repair, replacement, adjustment, removal or disposal of:

1. "your product";
2. "your work"; or
3. "impaired property"

if such product, work or property is withdrawn or recalled from the market or from use by any person or organization because of a known or suspected defect, deficiency, inadequacy or dangerous condition in it.

I. "Property damage" to property owned by the "Insured."

J. "Personal injury" or "advertising injury":

1. arising out of oral, written, televised, videotaped, or electronic publication of material, if done by or at the direction of the "Insured" with knowledge of its falsity;
2. arising out of oral, written, televised, videotaped, or electronic publication of material whose first publication took place before the beginning of the policy period;
3. arising out of the willful violation of a penal statute or ordinance committed by or with consent of the "Insured"; or
4. for which the "Insured" has assumed liability in a contract or agreement. This exclusion does not apply to liability for damages that the "Insured" would have in the absence of the contract or agreement.

K. Advertising injury" arising out of:

1. breach of contract, other than misappropriation of advertising ideas under an implied contract;
2. the failure of goods, products or services to conform with advertised quality or performance;
3. the wrong description of the price of goods, products or services; or
4. an offense committed by an "Insured" whose business is advertising, broadcasting, publishing or telecasting.

L. Any liability, including but not limited to settlements, judgments, costs, charges, expenses, costs of investigations, and the fees of attorneys, experts, or consultants, arising out of or in any way related to:

1. The actual, alleged or threatened presence, discharge, dispersal, seepage, migration, release, or escape of "pollutants," however caused.
2. Any request, demand or order that any "Insured" or others test for, monitor, clean-up, remove, contain, treat, detoxify, neutralize or in any way respond to or assess the effects of "pollutants." This includes demands, directives, complaints, "suits," orders or requests brought by any governmental entity or by any person or group of persons.
3. Steps taken or amounts incurred by a governmental unit or any other person or organization to test for, monitor clean-up, remove, contain, treat, detoxify or neutralize or assess the effects of "pollutants."

This exclusion will apply to any liability, costs, charges, or expenses, or any judgments or settlements, arising directly or indirectly out of pollution whether or not the pollution was sudden, accidental, gradual, intended, expected, unexpected, preventable or not preventable.

As used in this exclusion "pollutants" means any solid, liquid, gaseous, or thermal irritant or contaminant, including, but not limited to smoke, vapor, soot, fumes, acids, alkalis, chemicals and waste material. Waste material includes materials which are intended to be or have been recycled, reconditioned or reclaimed.

- M. "Bodily injury" or "property damage" due to war, whether or not declared, or any act or condition incident to war. War includes civil war, insurrection, rebellion or revolution. This exclusion applies only to liability assumed under a contract or agreement.
- N. Any liability, including, but not limited to settlements, judgments, costs, charges, expenses, costs of investigations, or the fees of attorneys, experts, or consultants arising out of or related in any way, either directly or indirectly, to:
1. asbestos, asbestos products, asbestos-containing materials or products, asbestos fibers or asbestos dust, including, but not limited to, manufacture, mining, use, sale, installation, removal, or distribution activities;
  2. exposure to testing for, monitoring of, cleaning up, removing, containing or treating of asbestos, asbestos products, asbestos-containing materials or products, asbestos fibers or asbestos dust; or
  3. any obligation to investigate, settle or defend, or indemnify any person against any "claim" or "suit" arising out of, or related in any way, either directly or indirectly, to asbestos, asbestos products, asbestos-containing materials or products, asbestos fibers or asbestos dust.
- O. Any liability arising out of the ownership, maintenance, operation, use, "loading" or "unloading" of any "auto," except to the extent that such insurance is provided by a policy listed in the Schedule of Underlying Insurance, and for no broader coverage than is provided by such policy.

- P. "Bodily injury," "property damage," "personal injury" or "advertising injury" arising out of any:

1. refusal to employ or promote;
2. termination of employment;
3. coercion, demotion, evaluation, reassignment, discipline, defamation, harassment, molestation, humiliation, discrimination or other employment related practices, policies, acts or omissions; or
4. consequential "bodily injury," "property damage," "personal injury" or "advertising injury" as a result of O.1. through O.3.

This exclusion applies whether the "Insured" may be held liable as an employer or in any other capacity and to any obligation to share damages with or to repay someone else who must pay damages because of "bodily injury," "property damage," "personal injury" or "advertising injury."

- Q. "Bodily injury," "property damage," "personal injury" or "advertising injury" excluded by the **Nuclear Energy Liability Exclusion** attached to this policy.
- R. The following items 1. through 4., except to the extent that such insurance is provided by a policy listed in the Schedule of Underlying Insurance, and for no broader coverage than is provided by such policy:
1. Liability of any employee with respect to "bodily injury," "property damage," "personal injury" or "advertising injury" to you or to another employee of the same employer injured in the course of such employment.
  2. "Bodily injury" or "property damage" arising out of the ownership, maintenance, operation, use, "loading" or "unloading" of any watercraft, if such watercraft is owned, or chartered without crew, by or on behalf of any "Insured." This exclusion will not apply to watercraft while ashore on any premises owned by, rented to, or controlled by you.
  3. "Bodily injury" or "property damage" arising out of the ownership, maintenance, operation, use, "loading" or "unloading" of any aircraft, if such aircraft is owned, or hired without pilot or crew, by or on behalf of any "Insured."

4. "Bodily injury" to"

- a. an employee of any "Insured" arising out of and in the course of:
  - i. employment by any "Insured"; or
  - ii. performing duties related to the conduct of any "Insured's" business; or
- b. the spouse, child, parent, brother or sister of that employee as a consequence of Paragraph 4.a.

This exclusion applies:

- a. whether any "Insured" may be liable as an employer or in any other capacity; and
- b. to any obligation to share damages with or repay someone else who must pay damages because of the injury.

**V. DEFINITIONS**

- A. "Advertising injury" means injury arising solely out of advertising activities of any "Insured" as a result of one or more of the following offenses during the policy period:
  1. oral, written, televised, videotaped, or electronic publication of material that slanders or libels a person or organization or disparages a person's or organization's goods, products or services;
  2. oral, written, televised, videotaped, or electronic publication of material that violates a person's right of privacy;
  3. misappropriation of advertising ideas or style of doing business;
  4. infringement of copyright, title or slogan; or
  5. mental injury, mental anguish, humiliation, or shock, if directly resulting from Items A.1. through A.4.
- B. "Auto" means a land motor vehicle, trailer or semitrailer designed for travel on public roads, including any attached machinery or equipment. "Auto" does not include "mobile equipment."
- C. "Bodily injury" means physical injury, sickness, or disease, including death of a person. "Bodily injury" also means mental injury, mental anguish, humiliation, or shock if directly resulting from physical injury, sickness, or disease to that person.
- D. "Claim" means any demand for monetary damages upon an "Insured" resulting from a covered "occurrence."
- E. "Impaired property" means tangible property, other than "your product" or "your work," that cannot be used or is less useful because:
  1. it incorporates "your product" or "your work" that is known or thought to be defective, deficient, inadequate or dangerous; or
  2. you have failed to fulfill the terms of a contract or agreement;if such property can be restored to use by:
  1. the repair, replacement, adjustment or removal of "your product" or "your work"; or
  2. your fulfilling the terms of the contract or agreement.

F. "Insured" means each of the following, to the extent set forth:

1. The Named Insured meaning:

- a. Any person or organization listed in Item 1. of the Declarations, and any Company of which you own more than 50%, as of the effective date of this policy.
- b. Any organization you newly acquire or form, other than a partnership, joint venture or limited liability company, and over which you maintain ownership or majority interest, will qualify to be a Named Insured. However:
  - i. coverage under this provision is afforded only until the 90th day after you acquire or form the organization or the end of the policy period, whichever is earlier;
  - ii. coverage does not apply to "bodily injury," "property damage," "personal injury" or "advertising injury" that occurred before you acquired or formed the organization; and
  - iii. coverage applies only if the organization is included under the coverage provided by the policies listed in the Schedule of Underlying Insurance and then for no broader coverage than is provided under such underlying policies.

2. If you are an individual, you and your spouse, but only with respect to the conduct of a business of which you are the sole owner as of the effective date of this policy.
3. If you are a partnership or joint venture, the partners or members and their spouses but only as respects the conduct of your business.
4. If you are a limited liability company, the members or managers but only as respects the conduct of your business.
5. Any person or organization, other than the Named Insured, included as an additional "Insured" by virtue of an "insured contract," and to which coverage is provided by the "underlying insurance," and for no broader coverage than is provided by the "underlying insurance" to such additional "Insured" and only to the extent of the Limits of Insurance required by such "insured contract", but not to exceed the applicable Limits of Insurance set forth in this policy.
6. Any of your partners, executive officers, directors, or employees but only while acting within the scope of their duties.

However, the coverage granted by this Provision 6. does not apply to the ownership, maintenance, use, "loading" or "unloading" of any "autos," aircraft or watercraft unless such coverage is included under the policies listed in the Schedule of Underlying Insurance and for no broader coverage than is provided under such underlying policies.

Employees include "leased workers" but not "temporary workers." "Leased workers" are leased to you by a labor leasing firm under an agreement between you and the labor leasing firm to perform related duties to the conduct of your business. "Leased workers" are not "temporary workers." "Temporary workers" are persons furnished to you to substitute for permanent employees on leave or to meet seasonal or short-term workload conditions.

7. Any person, other than one of your employees, or organization while acting as your real estate manager.
8. Any person (other than your partners, executive officers, directors, stockholders or employees) or organizations with respect to any "auto" owned by you, loaned to you or hired by you or on your behalf and used with your permission.
9. No person or organization is an "Insured" with respect to the conduct of any current or past partnership or joint venture that is not shown as a Named Insured in the Declarations.

G. "Insured contract" means any oral or written contract or agreement entered into by you and pertaining to your business under which you assume the "tort liability" of another party to pay for "bodily injury" or "property damage" to a third person or organization, provided that the "bodily injury" or "property damage" occurs subsequent to the execution of the contract or agreement. "Tort liability" means a civil liability that would be imposed by law in the absence of any contract or agreement.

H. "Loading" or "unloading" means the handling of property:

1. after it is removed from the place where it is accepted for movement into or onto an aircraft, watercraft or "auto";
2. while it is in or on an aircraft, watercraft or "auto";
3. while it is being moved from an aircraft, watercraft or "auto" to the place where it is finally delivered.

However, "loading" or "unloading" does not include the movement of property by means of a mechanical device, other than a hand truck, that is not attached to the aircraft, watercraft or "auto."

I. "Mobile equipment" means any of the following types of land vehicles, including any attached machinery or equipment:

1. bulldozers, farm machinery, forklifts and other vehicles designed for use principally off public roads;
2. vehicles maintained for use solely on or next to premises you own or rent;
3. vehicles that travel on crawler treads;
4. vehicles, whether self-propelled or not, maintained primarily to provide mobility to permanently mounted:
  - a. power cranes, shovels, loaders, diggers or drills; or
  - b. road construction or resurfacing equipment such as graders, scrapers or rollers;
5. vehicles not described in 1., 2., 3., or 4. above that are not self-propelled and are maintained primarily to provide mobility to permanently attached equipment of the following types:
  - a. air compressors, pumps and generators, including spraying, welding, building cleaning, geophysical exploration, lighting and well servicing equipment or
  - b. cherry pickers and similar devices used to raise or lower workers;
6. vehicles not described in 1., 2., 3., or 4. above maintained primarily for purposes other than the transportation of persons or cargo.

However, self-propelled vehicles with the following types of permanently attached equipment are not "mobile equipment" but will be considered "autos":

- a. equipment designed primarily for:
  - i. snow removal;
  - ii. road maintenance, but not construction or resurfacing; or
  - iii. street cleaning;
- b. cherry pickers and similar devices mounted on auto or truck chassis and used to raise or lower workers; and
- c. air compressors, pumps and generators, including spraying, welding, building cleaning, geophysical exploration, lighting and well servicing equipment.

J. "Occurrence" means:



1. as respects "bodily injury" or property damage, an accident, including continuous or repeated exposure to substantially the same general harmful conditions;
  2. as respects "personal injury," an offense arising out of the business of any "Insured" that results in "personal injury." All damages that arise from the same or related injurious material or acts will be considered as arising out of one "occurrence," regardless of the frequency or repetition thereof, the number and kind of media used and the number of claimants;
  3. as respects "advertising injury," an offense committed in the course of advertising your goods, products and services that results in "advertising injury." All damages that arise from the same or related injurious material or acts will be considered as arising out of one "occurrence," regardless of the frequency or repetition thereof, the number and kind of media used and the number of claimants.
- K. "Personal injury" means injury other than "bodily injury" or "advertising injury" arising out of one or more of the following offenses during the Policy Period:
1. false arrest, detention or imprisonment;
  2. malicious prosecution;
  3. the wrongful eviction from, wrongful entry into, or invasion of the right of private occupancy of a room, dwelling or premises that a person occupies by or on behalf of its owner, landlord or lessor;
  4. oral, written, televised, videotaped, or electronic publication of material that slanders or libels a person or organization or disparages a person's or organization's goods, products or services;
  5. oral, written, televised, videotaped, or electronic publication of material that violates a person's right of privacy, or
  6. mental injury, mental anguish, humiliation, or shock, if directly resulting from Items K.1. through 5.
- L. 1. "Products-completed operations hazard" means all "bodily injury" and "property damage" from an "occurrence" taking place away from premises you own or rent and arising out of "your product" or "your work" except:
- a. products that are still in your physical possession; or
  - b. work that has not yet been completed or abandoned.
2. "Your work" will be deemed completed at the earliest of the following times:
- a. When all of the work called for in your contract has been completed.
  - b. When all of the work to be done at the site has been completed if your contract calls for work at more than one site.
  - c. When that part of the work done at a job site has been put to its intended use by any person or organization other than another contractor or subcontractor working on the same project.
- Work that may need service, maintenance, correction, repair or replacement, but which is otherwise complete, will be treated as completed.
3. This "products-completed operations hazard" does not include "bodily injury" or "property damage" arising out of:
- a. the transportation of property, unless the injury or damage arises out of a condition in or on a vehicle created by the "loading" or "unloading" of it;
  - b. the existence of tools, uninstalled equipment or abandoned or unused materials.
- M. "Property damage" means:

1. physical injury to tangible property, including all resulting loss of use of that property. All such loss of use will be deemed to occur at the time of the physical injury that caused it; or
  2. loss of use of tangible property that is not physically injured. All such loss will be deemed to occur at the time of the "occurrence" that caused it.
- N. "Suit" means a civil proceeding which seeks monetary damages because of "bodily injury," "property damage," "personal injury," or "advertising injury" to which this insurance applies. "Suit" includes:
1. an arbitration proceeding in which such damages are claimed and to which you must submit or do submit with our consent; or
  2. any other alternative dispute resolution proceeding in which such damages are claimed and to which you submit with our consent.
- O. "Underlying insurance" means the insurance coverage provided under policies shown in the Schedule of Underlying Insurance, or any additional policies agreed to by us in writing. It includes any policies issued to replace those policies during the term of this insurance that provide:
1. at least the same policy limits; and
  2. insurance for the same hazards, except as to any modifications which are agreed to by us in writing.
- P. "Your product" means"
1. Any goods or products, other than real property, manufactured, sold, handled, distributed or disposed of by:
    - a. you;
    - b. others trading under your name; or
    - c. a person or organization whose business or assets you have acquired; and
  2. Containers (other than vehicles) materials, parts or equipment furnished in connection with such goods or products.
- "Your product" includes:
1. warranties or representation made at any time with respect to the fitness, quality, durability, performance or use of "your product"; and
  2. the providing of or failure to provide warnings or instructions.
- "Your product" does not include vending machines or other property rented to or located for the use of others but not sold.
- Q. "Your work" means:
1. work or operations performed by you or on your behalf; and
  2. materials, parts or equipment furnished in connection with such work or operations.
- "Your work" includes:
1. warranties or representations made at any time with respect to the fitness, quality, durability, performance or use of "your work"; and
  2. the providing of or failure to provide warnings or instructions.

## **VI. CONDITIONS**

### **A. Appeals**

If the "Insured" or an "Insured's" underlying insurer does not appeal a judgment in excess of the "retained limit," we have the right to make such an appeal. If we elect to appeal, our liability on such an award or judgment will not exceed our Limits of Insurance as stated in Item 4. of the Declarations plus the cost and expense of such appeal.

### **B. Audit**

We may audit and examine your books and records as they relate to this policy at any time during the period of this policy and for up to three years after the expiration or termination of this policy.

### **C. Bankruptcy or Insolvency**

The bankruptcy, insolvency or inability to pay of any "Insured" or the bankruptcy, insolvency or inability to pay of any of the Underlying Insurers will not relieve us from the payment of any "claim" or "suit" covered by this policy. Under no circumstances will such bankruptcy, insolvency or inability to pay require us to drop down and replace the "retained limit" or assume any obligation within the "retained limit."

### **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. If we cancel because of nonpayment of premium, we must mail or deliver to you not less than ten (10) days advance written notice stating when the cancellation is to take effect. If we cancel for any other reason, we must mail or deliver to you not less than thirty (30) 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 Declarations will be sufficient to prove notice.
3. The Policy Period will end on the day and hour stated in the cancellation notice.
4. 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 Minimum Premium as shown in Item 3. of the Declarations.
5. 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 as shown in Item 3. of the Declarations.
6. Premium adjustment may be made at the time of cancellation or as soon as practicable thereafter but the cancellation will be effective even if we have not made or offered any refund due you. Our check or our representative's check, mailed or delivered, will be sufficient tender of any refund due you.
7. The first Named Insured in Item 1. of the Declarations will act on behalf of all other "Insureds" with respect to the giving and receiving of notice of cancellation and the receipt of any refund that may become payable under this policy.
8. 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. Changes**

Notice to any agent or knowledge possessed by any agent or any other person will not effect a waiver or a change in any part of this policy. This policy can only be changed by a written endorsement that becomes a part of this policy and that is signed by one of our authorized representatives.

#### **F. Duties in The Event of An Occurrence, Claim Or Suit**

1. You must see to it that we are notified as soon as practicable of an "occurrence" which may result in a "claim" or "suit" under this policy. To the extent possible, notice will include:
  - a. how, when and where the "occurrence" took place;
  - b. the names and addresses of any injured person and witnesses;
  - c. the nature and location of any injury or damage arising out of the "occurrence."
2. If a "claim" or "suit" against any "Insured" is reasonably likely to involve this policy you must notify us in writing as soon as practicable.
3. You and any other involved "Insured" must:
  - a. immediately send us copies of any demands, notices, summonses or legal papers received in connection with the "claim" or "suit";
  - b. authorize us to obtain records and other information;
  - c. cooperate with us in the investigation, settlement or defense of the "claim" or "suit"; and
  - d. assist us, upon our request, in the enforcement of any right against any person or organization which may be liable to the "Insured" because of injury or damage to which this insurance may also apply.
4. The "Insureds" will not, except at their own cost, voluntarily make a payment, assume any obligation, or incur any expense, other than for first aid, without our consent.

#### **G. Inspection**

We have the right, but are not obligated, to inspect the premises and operations of any "Insured" at any time. Our inspections are not safety inspections. They relate only to the insurability of the premises and operations of any "Insured" 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 or organization to provide for the health or safety of any employees or the public. We do not warrant that the premises or operations of any "Insured" are safe or healthful or that they comply with laws, regulations, codes or standards.

#### **H. Legal 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 by settlement with our consent or by actual trial and final judgment;

This insurance does not give anyone the right to add us as a party in an action against you to determine your liability.

#### **I. Maintenance of Underlying Insurance**

During the period of this policy, you agree:

1. to keep the policies listed in the Schedule of Underlying Insurance in full force and effect;
2. that any renewals or replacements of the policies listed in the Schedule of Underlying Insurance will not be more restrictive in coverage;

3. that the Limits of Insurance of the policies listed in the Schedule of Underlying Insurance will be maintained except for any reduction or exhaustion of aggregate limits by payment of "claims" or "suits" for "occurrences" covered by "underlying insurance"; and
4. that the terms, conditions and endorsements of the policies listed in the Schedule of Underlying Insurance will not change during the period of this policy such as to increase the coverage afforded under this policy.

If you fail to comply with these requirements, we will only be liable to the same extent that we would have been had you fully complied with these requirements.

#### **J. Other Insurance**

If other insurance applies to a loss that is also covered by this policy, this policy will apply excess of the other insurance. Nothing herein will be construed to make this policy subject to the terms, conditions and limitations of such other insurance. However, this provision will not apply if the other insurance is specifically written to be excess of this policy.

#### **K. Premium**

The first Named Insured designated in Item 1. of the Declarations will be responsible for payment of all premiums when due.

The premium for this policy will be computed on the basis set forth in Item 3. of the Declarations. At the beginning of the policy period, you must pay us the Advance Premium shown in Item 3. of the Declarations.

When this policy expires or if it is canceled, we will compute the earned premium for the time this policy was in force. If this policy is subject to audit adjustment, the actual exposure basis will be used to compute the earned premium. If the earned premium is greater than the Advance Premium, you will promptly pay us the difference. If the earned premium is less than the Advance Premium, we will return the difference to you. But in any event we will retain the Minimum Premium as shown in Item 3. of the Declarations for each twelve months of our policy period.

#### **L. Separation of Insureds**

Except with respect to our Limits of Insurance and any rights or duties specifically assigned to the first Named Insured designated in Item 1. of the Declarations, this insurance applies:

1. as if each Named Insured were the only Named Insured; and
2. separately to each "Insured" against whom "claim" is made or "suit" brought.

#### **M. Transfer of Rights of Recovery Against Others to Us**

If any "Insured" has rights to recover all or part of any payment we have made under this policy, those rights are transferred to us. The "Insured" must do nothing after loss to impair those rights and must help us enforce them.

Any recoveries will be applied as follows:

1. any interests, including the "Insured," that have paid an amount in excess of our payment under this policy will be reimbursed first;
2. we then will be reimbursed up to the amount we have paid; and
3. lastly, any interest, including the "Insured," over which our insurance is excess, are entitled to claim the residue.

Expenses incurred in the exercise of rights of recovery will be apportioned between the interest, including the "Insured," in the ratio of their respective recoveries as finally settled.

#### **N. Terms Conformed to Statute**

The terms of this Policy which are in conflict with the statutes of the state where this Policy is issued are amended to conform to such statutes.

If we are prevented by law or statute from paying on behalf of an "Insured," then we will, where permitted by law or statute, indemnify the "Insured" for those sums in excess of the "retained limit."

#### **O. Transfer of Your Rights and Duties**

Your rights and duties under this policy may not be transferred without our written consent.

If you die or are legally declared bankrupt, your rights and duties will be transferred to your legal representative but only while acting within the scope of duties as your legal representative. However, notice of cancellation sent to the first Named Insured designated in Item 1. of the Declarations and mailed to the address shown in this policy will be sufficient notice to effect cancellation of this policy.

#### **P. When Loss Is Payable**

Coverage under this policy will not apply unless and until any "Insured" or an "Insured's" underlying insurer is obligated to pay the "retained limit."

When the amount of loss has finally been determined, we will promptly pay on behalf of the "Insured" the amount of loss falling within the terms of this policy.

You will promptly reimburse us for any amount within the Self-Insured Retention advanced by us at our discretion on behalf of any "Insured."

### **NUCLEAR ENERGY LIABILITY EXCLUSION**

This policy does not apply to:

#### **1. Any liability, injury or damage:**

- a. with respect to which any "Insured" under the policy is also an "Insured" under a nuclear energy liability policy issued by Nuclear Energy Liability Insurance Association, Mutual Atomic Energy Liability Underwriters, nuclear Insurance Association of Canada or any of their successors, or would be an "Insured" under any such policy but for its termination upon exhaustion of its Limits of Insurance; or
- b. resulting from the "hazardous properties" of "nuclear material" and with respect to which (a) a person or organization is required to maintain financial protection pursuant to the Atomic Energy Act of 1954, or any law amendatory thereof, or (b) any "Insured" is, or had this policy not been issued would be, entitled to indemnity from the United States of America, or any agency thereof, under any agreement entered into by the United State of America, or any agency thereof, with any person or organization.

#### **2. Any injury or "nuclear property damage" resulting from the "hazardous properties" of "nuclear material," if:**

- a. the "nuclear material" (a) is at any "nuclear facility" owned by, or operated by or on behalf of, any "Insured" or (b) has been discharged or dispersed therefrom;
- b. the "nuclear material" is contained in "spent fuel" or "nuclear waste" at any time possessed, handled, used, processed, stored, transported or disposed of by or on behalf of any "Insured"; or
- c. the injury or "nuclear property damage" arises out of the furnishing by any "Insured" of services, materials, parts or equipment in connection with the planning, construction, maintenance, operation or use of any "nuclear facility," but if such facility is located within the United States of America, its territories or possessions or Canada, this Exclusion 2.c. applies only to "nuclear property damage" to such "nuclear facility" and any property therein.

#### **3. As used in this exclusion:**

- a. "Hazardous properties" includes radioactive, toxic or explosive properties.
- b. "Nuclear facility" means:

- i. any "nuclear reactor"
- ii. any equipment or device designed or used for
  - (1) separating the isotopes of uranium or plutonium,
  - (2) processing or utilizing "spent fuel" or
  - (3) handling, processing or packaging "nuclear waste";
- iii. any equipment or device used for the processing, fabricating or alloying of the total amount of such material in the custody of any "Insured" at the premises where such equipment or device is located consists of or contains more than 25 grams of plutonium or uranium 233 or any combination thereof, or more than 250 grams of uranium 235;
- iv. any structure, basin, excavation, premises or place prepared or used for the storage or disposal of, "nuclear waste," and includes the site on which any of the foregoing is located, all operations considered on such site and all premises used for such operations.
- c. "Nuclear material" means "source material," "special nuclear material" or by-product material.
- d. "Nuclear property damage" includes all forms of radioactive contamination of property.
- e. "Nuclear reactor" means any apparatus designed or used to sustain nuclear fission in a self-supporting chain or to contain a critical mass of fissionable material.
- f. "Nuclear waste" means any nuclear waste material (a) containing "by-product material" other than the tailings of nuclear waste produced by the extraction or concentration of uranium or thorium from any ore processed primarily for its "source material" content, and (b) resulting from the operation by any person or organization of any "nuclear facility" included within the definition of "nuclear facility" under Paragraph 3.b.i. or 3.b.ii.
- g. "Source material," "special nuclear material," and "by-product material" have the meanings given them in the Atomic Energy Act of 1954 or in any law amendatory thereof.
- h. "Spent fuel" means any fuel element or fuel component, solid or liquid, which has been used or exposed to radiation in a "nuclear reactor."

This endorsement does not change any other provision of the policy.

**GREAT AMERICAN E & S INSURANCE COMPANY**

POLICY NUMBER: UM 6 00 41 44-04

ENDORSEMENT NUMBER:

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**SERVICE OF SUIT CLAUSE**

**(Not Applicable in Pennsylvania)**

Pursuant to any statute of any state or district of the United States of America, which makes provision therefor, the insurer hereby designates the commissioner, superintendent or director of insurance or other officer specified for that purpose in the statute and his or her successors in office and duly authorized deputies in the state where this policy is issued, as the insurer's true and lawful attorney for service of legal process in action, suit or proceeding brought in the state where this policy is issued by or on behalf of an insured or beneficiary against the insurer arising out of the insurance issued under this policy. Any legal process received by such attorney for service or legal process shall be forwarded, except in California and Illinois, to the attention of: Eve Cutler Rosen, General Counsel, Great American E & S Insurance Company, 580 Walnut Street, Cincinnati, Ohio 45202.

In **California**, any legal process received by such attorney for service of legal process shall be forwarded to the attention of: Jere Keprios, The CT Corporation System, 818 West Seventh Street, Los Angeles, California 90017;

In **Illinois**, any legal process received by such attorney for service of legal process shall be forwarded to the attention of: The CT Corporation System, 208 South LaSalle, Chicago, Illinois 60604.

The forgoing designation of attorney for service of legal process upon the Company shall not constitute a waiver of the Company's rights to remove, remand, dismiss or transfer any suit or proceeding from any court, or commence any suit or other proceeding in any court of competent jurisdiction.



**GREAT AMERICAN E & S INSURANCE COMPANY**

POLICY NUMBER: UM 6 00 41 44-04

ENDORSEMENT NUMBER:

EFFECTIVE DATE: 01-01-01

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**CARE, CUSTODY OR CONTROL EXCLUSION - REAL OR PERSONAL PROPERTY**

The following exclusion is added to Section IV - EXCLUSIONS:

Any "property damage" to real or personal property in the care, custody or control of any "Insured," or loaned to any "Insured," or used, rented, or occupied by any "Insured," or as to which any "Insured" is for any purpose exercising physical control.

This endorsement does not change any other provision of the policy.

**GREAT AMERICAN E & S INSURANCE COMPANY**

POLICY NUMBER: UM6 00 41 44-04

ENDORSEMENT NUMBER:

EFFECTIVE DATE: 01-01-01

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**PUNITIVE OR EXEMPLARY DAMAGES - FOLLOWING FORM**

The following exclusion is added to Section IV - EXCLUSIONS:

Any award of, or liability for, punitive or exemplary damages, except to the extent that such insurance is provided by a policy listed in the Schedule of Underlying Insurance, and for no broader coverage than is provided by such policy.

This endorsement does not change any other provision of the policy.

**GREAT AMERICAN E & S INSURANCE COMPANY**

**POLICY NUMBER: UM6 00 41 44-04**

**ENDORSEMENT NUMBER:**

**EFFECTIVE DATE: 01-01-01**

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**PERSONAL INJURY - FOLLOWING FORM**

**The following exclusion is added to Section IV - EXCLUSIONS:**

**Any liability imposed by law, or assumed by any "Insured" under an "insured contract," because of "personal injury," except to the extent that such insurance is provided by a policy listed in the Schedule of Underlying Insurance, and for no broader coverage than is provided by such policy.**

**This endorsement does not change any other provision of the policy.**

**GREAT AMERICAN E & S INSURANCE COMPANY**

POLICY NUMBER: UM6 00 41 44-04

ENDORSEMENT NUMBER:

EFFECTIVE DATE: 01-01-01

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**PROFESSIONAL LIABILITY COVERAGE - FOLLOWING FORM**

The following exclusion is added to Section IV - EXCLUSIONS:

Any liability for, caused by, arising out of, or in connection with the rendering of or failure to render an professional service, except to the extent that such insurance is provided by a policy listed in the Schedule of Underlying Insurance, and for no broader coverage than is provided by such policy.

This endorsement does not change any other provision of the policy.

**GREAT AMERICAN E & S INSURANCE COMPANY**

POLICY NUMBER: UM6 00 41 44-04

ENDORSEMENT NUMBER:

EFFECTIVE DATE: 01-01-01

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**LIQUOR LIABILITY - FOLLOWING FORM**

The following exclusion is added to Section IV - EXCLUSIONS:

Any liability of any "Insured" by reason of:

- (1) causing or contributing to the intoxication of any person; or
- (2) the furnishing of alcoholic beverage to a person under the legal drinking age or under the influence of alcohol; or
- (3) any statute, ordinance or regulation relating to the sale, gift, distribution or use of alcoholic beverages;

except to the extent that such insurance is provided by a policy listed in the Schedule of Underlying Insurance, and for no broader coverage than is provided by such policy.

This endorsement does not change any other provision of the policy.

**GREAT AMERICAN E & S INSURANCE COMPANY**

POLICY NUMBER: UM6 00 41 44-04

ENDORSEMENT NUMBER:

EFFECTIVE DATE: 01-01-01

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**EMPLOYEE BENEFIT LIABILITY - FOLLOWING FORM**

The following exclusion is added to Section IV - EXCLUSIONS:

Any actual or alleged act, error, or omission in the administration of any "Insured's" Employee Benefit Programs, except to the extent that such insurance is provided by a policy listed in the Schedule of Underlying Insurance, and for no broader coverage than is provided by such policy.

This endorsement does not change any other provision of the policy.

**GREAT AMERICAN E & S INSURANCE COMPANY**

POLICY NUMBER: UM6 00 41 44-04

ENDORSEMENT NUMBER:

EFFECTIVE DATE: 01-01-01

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**ABUSE OR MOLESTATION EXCLUSION**

The following exclusion is added to Section IV - EXCLUSIONS:

Any liability for or arising out of:

1. the actual, threatened, or alleged abuse, molestation, harassment or sexual conduct by anyone of any person; or
2. the negligent:
  - a. employment,
  - b. investigation,
  - c. supervision,
  - d. reporting to the proper authorities, or failure to so report,
  - e. retention, or
  - f. referral

of a person for whom any "Insured" is or ever was legally responsible and whose conduct would be excluded by 1. above.

This endorsement does not change any other provision of the policy.

**GREAT AMERICAN E & S INSURANCE COMPANY**

POLICY NUMBER: UM 6 00 41 44-04

ENDORSEMENT NUMBER:

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**PRE-EXISTING DAMAGE EXCLUSION**

The following exclusions are added to Section IV. EXCLUSIONS

1. "Bodily injury" or "property damage" whether known or unknown:

- a. Which first occurred prior to the inception date of this policy (or the retroactive date of this policy, if any whichever is earlier); or
- b. Which is, or is alleged to be, in the process of occurring as of the inception date of this policy (or the retroactive date of this policy, if any, whichever is earlier).

2. "Bodily injury" or "property damage", whether known or unknown, which is in the process of settlement, adjustment or "suit" as of the inception date of this policy (or the retroactive date of this policy, if any, whichever is earlier)

We will have no duty to defend any insured against any loss, claim "suit" or other proceeding alleging damages arising out of or related to "bodily injury" or "property damage" to which this endorsement applies.



**GREAT AMERICAN E & S INSURANCE COMPANY**

POLICY NUMBER: UM6 00 41 44-04

ENDORSEMENT NUMBER:

EFFECTIVE DATE: 01-01-01

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**CROSS SUITS EXCLUSION**

The following exclusion is added to Section IV - EXCLUSIONS:

Any liability of any "Insured" covered under this policy to any other "Insured" covered under this policy.

This endorsement does not change any other provision of the policy.

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**GREAT AMERICAN E & S INSURANCE COMPANY**

**POLICY NUMBER: UM 6 00 41 44-04**

**ENDORSEMENT NUMBER:1**

**AUTHORIZED REPRESENTATIVE:**

**EFFECTIVE: 04-25-01**

**NAMED INSURED: SOS Staffing Services, Inc.**

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY**

**GENERAL ENDORSEMENT**

**It is hereby understood and agreed to amend policy dates to read 01-01-01 to 01-01-02  
and add AES164 per the attached.**

**PRODUCER'S NAME AND ADDRESS:**

**Swett & Crawford  
P.O. Box 57370  
Salt Lake City, UT 84157**

**AES118B (7/96)  
04-25-01 pm**

**GREAT AMERICAN E & S INSURANCE COMPANY**

**POLICY NUMBER: UM 6 00 41 44-04**

**ENDORSEMENT NUMBER:**

**EFFECTIVE DATE: 01-01-01**

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**NAMED INSURED**

**It is agreed that the Named Insured is as follows:**

SOS Staffing Services, Inc. and all assumed business names  
SOS Collection Service, Inc.  
ServCom Staff Management, Inc.  
Computer Group, Inc.  
Computer Professional Resources, Inc.  
Inteliant Corporation  
Devon & Devon Personnel Services, Inc.

## **GREAT AMERICAN E & S INSURANCE COMPANY**

**POLICY NUMBER: UM 6 00 41 44 - 04**

**ENDORSEMENT NUMBER: 2**

**AUTHORIZED REPRESENTATIVE:**

**EFFECTIVE: 01-01-01**

**NAMED INSURED: SOS Staffing Services, Inc.**

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**It is hereby understood and agreed that Item 4 of the Declaration is amended to read:**

**4. Limits of Insurance: \$5,000,000. Each Occurrence  
\$5,000,000. General Aggregate  
\$5,000,000. Products – Completed Operations Aggregate**

**PRODUCER'S NAME AND ADDRESS:**

**Swett & Crawford  
P.O. Box 57370  
Salt Lake City, UT 84157**

**AES118B (7/96)  
06/11/01 ML**

Tab E



C E L E B R A T I N G 5 0 Y E A R S

December 19, 2000

Sharon Leposki  
Tops Staffing  
5955 Mira Mesa Blvd., Ste. H  
San Diego, CA 92121

Dear Sharon:

Congratulations! Tops Staffing has been approved to work with Volt Services Group as an Associate Vendor in support of Invitrogen. Enclosed is an original copy of the executed Associate Vendor Teaming Agreement and Amendment for your files.

We are excited about our partnership with your company and we look forward to a long lasting relationship. Should you ever have any questions, please feel free to contact me at (714) 921-5783.

Sincerely,

Dorothy Smee  
AV Contract Coordinator  
Volt Contracts Department

*10/15/01* *8*  
 FILED *3-30-01* *9* PAGES  
 JERRY W. HARRIS, JR.  
*John Morrison*

**VOLT  
SERVICES  
GROUP**

2401  
North  
Glassell Street

Orange  
California  
92865

Telephone  
(714)  
921-8800

Fax  
(714)  
921-7492

(8-1)

### ASSOCIATE VENDOR TEAMING AGREEMENT

This Associate Vendor Teaming Agreement (the "Agreement"), is made as of the 29<sup>th</sup> day of November, 2000 between Volt Services Group, a division of Volt Management Corp. (hereinafter "Volt") having offices at 2401 Glassell Street, Orange, CA 92865 and SOS Staffing Services, Inc. dba TOP Staff (hereinafter "Associate Vendor") with offices at 5155 Mira Mesa Blvd., Ste. H, San Diego, CA 92121.

WHEREAS, Volt has and shall from time to time enter into contracts (hereinafter called the "Prime Contract") with various customers (hereinafter referred to as "Customer") to supply temporary personnel to perform services on assignment to, for and on behalf of the Customer ("Services");

WHEREAS, Volt desires to subcontract with Associate Vendor to provide Services to Customers and Associate Vendor wishes to provide Services, pursuant to the terms and conditions of this Agreement.

NOW, THEREFORE, in consideration of the promises and agreements contained herein, the parties mutually agree as follows:

**1. SERVICES PROVIDED:**

At the request of Volt, Associate Vendor agrees to supply qualified temporary employees, properly so classified as form W-2 employees pursuant to Internal Revenue Service guidelines, to perform services to, for and on behalf of the Customer (hereinafter known as "Associate Vendor Employees"), in accordance with all of the terms, provisions and obligations under this Agreement. Associate Vendor further agrees to comply with the Customer's requirements for the supply of temporary personnel in accordance with each Prime Contract, which include but are not limited to, the following:

(a) Recruit, screen, test, train, and reference and degree check all Associate Vendor Employees prior to assignment to Customer; (b) Direct Associate Vendor Employees to perform their duties under the supervision and control of Customer, in accordance with Customer's directions and instructions, and to comply with Customer's rules, policies, regulations, procedures and/or directives which may be relayed by Volt; (c) Direct Associate Vendor Employees to execute any documents required by Customer, which may include but not necessarily be limited to Confidentiality/Non-Disclosure and/or Ownership of Inventions/Copyright agreements; (d) Schedule its employees to work as directed by Volt in accordance with the Customer's request; (e) Remove any Associate Vendor Employee from assignment to Customer for any reason at the request of Volt, who shall have been so directed by the Customer; (f) Respond to all Customer job orders exclusively through Volt; (g) Instruct all Associate Vendor Employees that their employer is at all times Associate Vendor; (h) Not end the job assignment of an Associate Vendor Employee assigned to Customer unless otherwise directed by Volt or Customer; and (i) Be responsible for all decisions concerning matters of hiring, firing, discipline, payroll practices, employee benefits and communication with its employees with respect to their duties as employees, although Customer, or Volt at Customer's direction, may terminate or change any assignment for any lawful reason.

All contacts or inquiries regarding Associate Vendor Employee's performance on assignment, extension or early termination of assignments, replacements, progress reporting on open orders, arrival and quality control checks, reports of late or ill temporary employees and/or any problems or difficulties encountered by Associate Vendor Employee must be directed to/through Volt to address with Customer as Volt in its discretion deems necessary.

5. PAYMENT TERMS:

Volt agrees to pay Associate Vendor for proper and approved invoices net 40 days from the date the invoice is received. It is understood and agreed that Volt's obligation and/or duty to pay Associate Vendor is strictly conditioned upon Volt's receiving payment from Customer for Services rendered to, for and on behalf of Customer. Associate Vendor bears any credit risk. Notwithstanding any contrary payment terms listed on Associate Vendor's invoice or otherwise provided for herein, Associate Vendor agrees that Customer's failure, refusal or inability to pay Volt for the Services shall entitle Volt to not pay such invoice, or, if paid, to recover same from Associate Vendor or to deduct such amounts by offset from any payments then or thereafter due to Associate Vendor. This provision shall survive the termination of any agreement between Volt and Customer and/or Associate Vendor and Associate Vendor shall promptly reimburse Volt for any amounts due pursuant to the express terms of this section.

6. TIME RECORDS AND/OR REPORTS:

Each Associate Vendor Employee will present a time record to Customer setting forth the hours worked. An authorized representative of Customer must countersign the time record.

Associate Vendor will provide reports to Volt in the form and with such detail, pursuant to Volt's reasonable request and as may be required by the Customer under the Prime Contract.

7. INSURANCE:

Associate Vendor agrees, at its sole cost and expense, to procure and maintain in full force and continuous effect at all times during the term of this Agreement and the performance of services by Associate Vendor Employees, insurance for itself and its employees, with insurance companies authorized to do business in the state(s) where work is to be performed, covering all operations under this Agreement, of the following types and/or kinds of coverage and maintaining the following minimum policy limits:

(A) Workers' Compensation insurance as prescribed by the law of the state(s) in which the work is performed, including Employer's Liability insurance with limits of at least one million dollars (\$1,000,000) for each occurrence;

(B) Comprehensive Automobile Liability insurance with limits of at least one million dollars (\$1,000,000) combined single limit for bodily injury and property damage for each occurrence covering all owned, hired and non-owned vehicles;

(C) Commercial General Liability insurance, including Blanket Contractual Liability covering the indemnity provisions of this Agreement and Broad Form Property Damage Liability, with limits of at least one million dollars (\$1,000,000) each occurrence/two million dollars (\$2,000,000) aggregate for bodily injury, personal injury (e.g. slander, libel, wrongful detention, false arrest, etc.) and property damage for each occurrence and Employer's Liability Stop Gap Coverage, where applicable;

(D) Employee Dishonesty Coverage under a Crime Policy or Fidelity Bond, with limits of at least one million dollars (\$1,000,000) for each occurrence, including loss to Volt and Customer, covering all Associate Vendor Employees, with Volt and Customer named as loss payees; and

(E) Professional Liability insurance, insuring Associate Vendor for Errors and Omissions, with limits of at least one million dollars (\$1,000,000) for each occurrence.

All of the above mentioned insurance policies shall contain a waiver of subrogation in favor of Volt and Customer, their respective directors, officers and employees, as to all applicable coverage(s). The



Comprehensive Automobile Liability and Commercial General Liability insurance policies shall cover Associate Vendor Employees assigned to work for the Customer and must provide for Volt and Customer to be named as additional insureds, that it/they be primary and non-contributing and required to respond and pay prior to any other available coverage.

Associate Vendor shall, prior to the commencement of work under this Agreement, provide to Volt Certificate(s) of Insurance evidencing such coverages as mentioned above, which shall also provide that Volt and Customer will be notified in writing at least thirty (30) days prior to renewal, cancellation of or any material change in coverage during the term of this Agreement.

8. **INDEMNIFICATION:**

Associate Vendor agrees to indemnify, hold harmless and defend Volt and Customer and their respective affiliates, directors, officers, employees, agents and representatives from and against all liens, claims, demands, charges, suits, proceedings, causes of action of any type, in law or equity, liabilities, damages, penalties, fines, assessments, losses and expenses, including but not limited to interest, reasonable attorneys' fees and costs of suit, and shall include, but not be limited to those caused by or arising out of or in connection with, or contributed to, in whole or in part, directly or indirectly by: (1) Associate Vendor's failure to comply with the terms of this Agreement; (2) any illegal, improper, wrongful activity committed by or involving Associate Vendor Employees; (3) any act or omission on the part of Associate Vendor, its agents, or employees resulting in bodily injury, death or property damage; (4) any violations or alleged violations by Associate Vendor or Associate Vendor Employees of any federal, state or local laws, orders, ordinances and/or regulations; (5) any bodily injury to or death of an Associate Vendor Employee occurring during or as a result of or related to or connected with the performance of Services; (6) any payments or withholding of taxes, social security taxes, benefits (if applicable), unemployment and any and all other payroll deductions as may be required by law related to Associate Vendor's supply of personnel; (7) Associate Vendor's failure to fully comply with the laws related to employment eligibility in the United States; and/or (8) Associate Vendor's failure to be Year 2000 Compliant, warranted by Associate Vendor herein, which provides that any of its computer, equipment and other systems related to and/or affecting Associate Vendor's performance pursuant to this Agreement shall not be interfered with or materially affected by date function issues associated with the year 2000 and thereafter.

9. **CONFIDENTIALITY AND NON-DISCLOSURE:**

Associate Vendor will and will require its employees, in writing, to hold in trust and not disclose any confidential information relating to the business affairs, operations, finances, research, development, personnel, trade secrets, pricing, accounts, business plans, opportunities, clientele and/or the business affairs of Volt and/or Customer and/or Customer's Clients ("Confidential Information"). Associate Vendor shall require each Associate Vendor Employee to execute and deliver a confidentiality and/or non-disclosure document if so requested by Customer or Volt. Upon termination of this Agreement and/or at the request of Volt and/or Customer, Associate Vendor and/or its employees will return all Confidential Information and other property furnished by Volt and/or Customer or developed or prepared pursuant to the relationship or relationships contemplated under this Agreement. The obligations of this paragraph shall survive any termination of this Agreement.

Associate Vendor shall not, without Volt's prior written consent, use Volt's or Customer's and/or Customer's Client's name, logo or Identification (hereinafter defined) for any purpose, nor engage in advertising, promotion or publicity related to this Agreement, or make public use of any Identification in any circumstances related to this Agreement. Identification means any copy or semblance of any trade name, trademark, service mark, insignia, symbol, logo, or any other product, service or organization designation, or any specification of drawing of Volt or Customer or Customer's Client or their affiliates, or evidence of inspection or approval by or for any of them.



C E L E B R A T I N G 5 0 Y E A R S

July 3, 2001

SOS Staffing  
1415 South Main Street  
Salt Lake City, Utah 84115

Attn: Thomas Samson

Dear Mr. Samson:

Congratulations! SOS Staffing has been approved to work with Volt Services Group as an Associate Vendor in support of Bergen Brunswig. Enclosed is a copy of the executed contract for your files.

We are excited about our partnership with your company and we look forward to a long lasting relationship. Should you ever have any questions, please feel free to contact me at (714) 921-5783.

Sincerely,

Dorothy Smee  
AV Contract Coordinator  
Volt Contracts Department

*Offs* *9*  
FILED 3-37-01 24 PAGES  
JUL 10 2001  
*John Morrison*

**VOLT  
SERVICES  
GROUP**

2401  
North  
Glassell Street

Orange  
California  
92865

Telephone  
(714)  
921-8800

Fax  
(714)  
921-5832

(9-1)

SS001288

## ASSOCIATE VENDOR TEAMING AGREEMENT

This Associate Vendor Teaming Agreement (the "Agreement"), is made as of the 14 day of July, 2001 between Volt Services Group, a division of Volt Management Corp. (hereinafter "Volt") having offices at 2401 Glassell Street, Orange, CA 92865 and SOS Staffing Services, Inc. (hereinafter "Associate Vendor") with offices at 829 Main Street, Suite 1, Longmont, Co 80501.

WHEREAS, Volt has and shall from time to time enter into contracts (hereinafter called the "Prime Contract") with BERGEN BRUNSWIG CORPORATION (hereinafter referred to as "Customer") to supply temporary personnel to perform services on assignment to, for and on behalf of the Customer ("Services");

WHEREAS, Volt desires to subcontract with Associate Vendor to provide Services to Customers and Associate Vendor wishes to provide Services, pursuant to the terms and conditions of this Agreement.

NOW, THEREFORE, in consideration of the promises and agreements contained herein, the parties mutually agree as follows:

### I. SERVICES PROVIDED

At the request of Volt, Associate Vendor agrees to supply qualified temporary employees, properly so classified as form W-2 employees pursuant to Internal Revenue Service guidelines, to perform services to, for and on behalf of the Customer (hereinafter known as "Associate Vendor Employees"), in accordance with all of the terms, provisions and obligations under this Agreement. Associate Vendor further agrees to comply with the Customer's requirements for the supply of temporary personnel in accordance with each Prime Contract, which include but are not limited to, the following:

(a) Recruit, screen, test, train, and reference and degree check all Associate Vendor Employees prior to assignment to Customer; (b) Direct Associate Vendor Employees to perform their duties under the supervision and control of Customer, in accordance with Customer's directions and instructions, and to comply with Customer's rules, policies, regulations, procedures and/or directives which may be relayed by Volt; (c) Direct Associate Vendor Employees to execute any documents required by Customer, which may include but not necessarily be limited to Confidentiality/Non-Disclosure and/or Ownership of Inventions/Copyright agreements; (d) Schedule its employees to work as directed by Volt in accordance with the Customer's request; (e) Remove any Associate Vendor Employee from assignment to Customer for any reason at the request of Volt, who shall have been so directed by the Customer; (f) Respond to all Customer job orders exclusively through Volt; (g) Instruct all Associate Vendor Employees that their employer is at all times Associate Vendor; (h) Not end the job assignment of an Associate Vendor Employee assigned to Customer unless otherwise directed by Volt or Customer; and (i) Be responsible for all decisions concerning matters of hiring, firing, discipline, payroll practices, employee benefits and communication with its employees with respect to their duties as employees, although Customer, or Volt at Customer's direction, may terminate or change any assignment for any lawful reason.

All contacts or inquiries regarding Associate Vendor Employee's performance on assignment, extension or early termination of assignments, replacements, progress reporting on open orders, arrival and quality control checks, reports of late or ill temporary employees and/or any problems or difficulties encountered by Associate Vendor Employee must be directed to through Volt to address with Customer as Volt in its discretion deems necessary.

## 10. INSURANCE

### A). INSURANCE TO BE PROVIDED FOR ALL POSITIONS:

Associate Vendor agrees, at its sole cost and expense, to procure and maintain in full force and continuous effect at all times during the term of this Agreement and the performance of services by Associate Vendor Employees, insurance for itself and its employees, with insurance companies authorized to do business in the state(s) where work is to be performed, covering all operations under this Agreement, of the following types and/or kinds of coverage and maintaining the following minimum policy limits:

- 1) Workers' Compensation insurance as prescribed by the law of the state(s) in which the work is performed, including Employer's Liability insurance with limits of at least one million dollars (\$1,000,000) for each occurrence;
- 2) Comprehensive Automobile Liability insurance with limits of at least one million dollars (\$1,000,000) combined single limit for bodily injury and property damage for each occurrence covering all owned, hired and non-owned vehicles;
- 3) Commercial General Liability insurance, including Blanket Contractual Liability covering the indemnity provisions of this Agreement and Broad Form Property Damage Liability, with limits of at least one million dollars (\$1,000,000) each occurrence/two million dollars (\$2,000,000) aggregate for bodily injury, personal injury (e.g. slander, libel, wrongful detention, false arrest, etc.) and property damage for each occurrence and Employer's Liability Stop Gap Coverage, where applicable;
- 4) Employee Dishonesty Coverage under a Crime Policy or Fidelity Bond, with limits of at least one million dollars (\$1,000,000) for each occurrence, including loss to Volt and Customer, covering all Associate Vendor Employees, with Volt and Customer named as loss payees; and
- 5) Professional Liability insurance, insuring Associate Vendor for Errors and Omissions, with limits of at least one million dollars (\$1,000,000) for each occurrence.
- 6) Excess Umbrella Liability insurance with minimum of \$5,000,000 for each occurrence and \$5,000,000 aggregate.

All of the above mentioned insurance policies shall contain a waiver of subrogation in favor of Volt and Customer, their respective directors, officers and employees, as to all applicable coverage(s). The Comprehensive Automobile Liability and Commercial General Liability insurance policies shall cover Associate Vendor Employees assigned to work for the Customer and must provide for Volt and Customer to be named as additional insureds, that if they be primary and non-contributing and required to respond and pay prior to any other available coverage.

Associate Vendor shall, prior to the commencement of work under this Agreement, provide to Volt Certificate(s) of Insurance evidencing such coverage as mentioned above, which shall also provide that Volt and Customer will be notified in writing at least thirty (30) days prior to renewal, cancellation of or any material change in coverage during the term of this Agreement.

## VOLT SERVICES GROUP



# TEMPORARY PERSONNEL / ASSOCIATE VENDOR FLOW DOWN AGREEMENT

This Agreement is entered into this 16th day of July, 2001 (the "Effective Date") by Volt Services Group, located at 2401 North Glassell Street, Orange, CA 92865 and Inteliant, (hereinafter "Associate Vendor") located at 10200 SW Greenburg Road, Suite 540, Portland, Oregon 97223.

## 1. PURPOSE

Volt and a third party centralized vendor management service provider (hereinafter referred to as "Chimes"), have entered into a written agreement (the "Volt/Chimes Agreement") pursuant to which Volt has agreed to provide certain staffing services to Chime's customer Hewlett Packard (hereinafter referred to as "Customer").

In support of Volt's obligations under the Volt/Chimes Agreement, Volt desires to subcontract with Associate Vendor to provide Services (as defined below) to Customer, and Associate Vendor agrees to provide such Services to Customer pursuant to the terms and conditions of this Agreement.

## 2. DEFINED TERMS

2.1. Defined Terms - As used in this Agreement, the following terms shall have the meanings indicated unless the context clearly requires otherwise.

A. "Services" shall mean Associates Vendor's supplying of Temporary Personnel to perform Services on assignment to, and on behalf of, the Customer, together with the work performed by such Temporary Personnel.

2.2. Assignment Requirement/Order - means an electronic communication or other form of document, as determined solely by Volt, setting forth the particular Services to be provided by the Temporary Personnel and which can also serve to notify Associate Vendor of the Temporary Personnel selected by Customer to provide such Services; the duration of which shall not exceed six (6) months. As used herein, the term "Assignment Requirement" shall mean the electronic communication or other form of document, as determined solely by Volt, describing the particular temporary service requirements sought by Customer, in response to which Associate Vendor may submit candidates to Volt for consideration by Customer.

2.3. Hiring Manager(s) - Customer's employee responsible for selection of Temporary Personnel.

2.4. Intentionally Omitted

2.5. "Incumbent Temporary Personnel" - those Temporary Personnel on assignment at Customer through Volt on and prior to June 4, 2001.

2.6. Intentionally Omitted

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3/30/04  
John. Morrison

2.7. Intentionally Omitted

2.8. Temporary Personnel - An Employee of Associate Vendor, either as an Incumbent Temporary Personnel or as a "Future Temporary Personnel" (that is, an employee of Associate Vendor who began an initial Assignment to provide Services through Volt to Customer on and/or after June 4, 2001), or both, as approved by Customer to provide Services, under the daily direction, supervision and control of Customer.

2.9. Intentionally Omitted

2.10. Intentionally Omitted

### 3. RELATIONSHIP OF PARTIES

3.1. Independent Contractor: Associate Vendor is an independent contractor and assumes all rights, obligations and liabilities applicable to it as an independent contractor. Nothing herein implies or creates any agency relationship between the parties. Associate Vendor shall be solely responsible and agrees to indemnify and defend Volt, Chimes and Customer for payment of its employees wages, compensation and remuneration, benefits, and all taxes imposed on an employer with respect to such employees, including those imposed under federal and state withholding laws and Associate Vendor shall also be responsible for payment of taxes under the Federal Insurance Contribution Act ("FICA") with respect to said employees. Volt and Associate Vendor intend to create an independent contractor relationship and nothing contained in this Agreement shall be construed to make Associate Vendor a partner, joint venturer, principal, agent, or employee of Volt, Chimes or Customer; provided, however, that the foregoing shall not be construed as preventing Associate Vendor from performing any of its obligations under this Agreement. Such Temporary Personnel will not be entitled to participate in any of Volt, Chimes or Customer's employee benefits plans, including pension, 401(k), profit sharing, retirement, deferred compensation, welfare, medical, health, group, insurance, disability, vacation pay, severance pay and other similar plans, programs and agreements, whether reduced to writing or not. Except as required by Section 414(n) of the Internal Revenue Code, all Temporary Personnel shall be considered and shall be treated as common law employees of Associate Vendor and not as employees of Volt, Chimes or Customer for purposes of Section 401(a) of the Internal Revenue Code.

3.2. Intentionally Omitted

3.3. Associate Vendor Compensation: Associate Vendor is solely responsible to do the following : (a) compensate Temporary Personnel performing Services hereunder; (b) pay workers compensation, disability and other similar benefits, unemployment and other similar insurance; (c) withhold and pay income and payroll taxes; and (d) verify the work eligibility of each individual performing Services hereunder and ensuring that Temporary Personnel will comply with all applicable requirements set forth in this Agreement.

3.4. Respective Responsibilities of the Parties: In addition to the respective responsibilities and obligations set forth elsewhere in this Agreement, the parties agree (1) Chimes, pursuant to the Volt/Chimes Agreement, will be responsible for, and (2) (a) and Associate Vendor shall perform (where applicable), and (2)(b) Volt shall perform (where applicable) the following activities:

10-2

(a) Chimes shall be responsible for processing all Temporary Personnel "On-Boarding" including without limitation all assignment paperwork/orientation and issuance of badges, parking permits, equipment as required per the Assignment Order;

(b) Where Chimes has on-site management at Customer facilities, Chimes shall be responsible for processing and working with Customer to cause validity codes and errors to be verified by Customer on Associate Vendors Employees' (i) electronic time sheets and invoices that will be submitted by Chimes to Customer; and/or (ii) manual time cards (in the case of manual timecards, this shall include Chimes being responsible for timely and accurate providing data entry from the manual time cards into the CTE). Where Chimes does not have on-site management at Customers facilities, Chimes, Volt and Associate Vendor shall work jointly to timely and accurately provide data entry from the manual time cards into the CTE, the manner and specific respective responsibilities for such data entry to be determined by Volt and/or Chimes;

(c) Chimes shall track Temporary Personnel assignment information in an applicable database;

(d) Associate Vendor shall collect and maintain, as required, applicable documentation relating to/in support of direct and/or associated expenses related to Temporary Personnel, such as, but not necessarily limited to, travel costs, and equipment, which may be requested/required by Volt on behalf of Chimes, or by Chimes directly, and shall be provided by Associate Vendor;

(e) Associate Vendor shall furnish additional supporting documentation as appropriate or as requested by Volt, Chimes and/or Customer;

(f) Chimes shall be responsible for furnishing a core team of management personnel, consisting of at least one on-site management coordinator at each Customer facility as agreed to by and between Customer and Chimes, who shall perform, administer and manage the centralized vendor management services to Customer. Such management personnel shall serve as the Chimes contacts for Volt personnel located at the applicable Customer site(s) and as management services representatives for Hiring Managers at those sites. In turn, designated Volt personnel shall serve as the Volt contacts for Temporary Personnel located at the applicable Customer site(s);

(g) Intentionally Omitted;

(h) Intentionally Omitted;

(i) Chimes shall be responsible for coordinating assignment termination duties with Volt. In turn, Volt shall coordinate assignment termination duties with respect to Temporary Personnel (i.e. notices to Temporary Personnel, badge return, parking permit return, equipment return, etc.);

(j) Volt shall authorize Associate Vendor to furnish the Temporary Personnel specified in each applicable Assignment Requirement/Order. Volt shall have the responsibility for contacting Associate Vendor with regard to Customer's acceptance of each candidate submitted by Associate Vendor for any such open Assignment Requirements/Order;

(k) Chimes will make available electronic time reporting and approval for Temporary Personnel with access to the Chimes internet time keeping system. For Temporary Personnel with no access to

described in the applicable Assignment Requirement/Order, and shall be invoiced by CTE without additional markup. If Temporary Personnel report to work without appropriate protective equipment, Customer may, at its option, refuse to allow Temporary Personnel admittance.

(b) Associate Vendor will develop and maintain an appropriate injury and illness prevention program for its Temporary Personnel assigned to Customer. Such program shall include training which is appropriate to the general type of work which Temporary Personnel shall perform, and shall adhere to all state and local requirements. By way of example and not by limitation, material handlers shall be trained in appropriate lifting techniques; clerical workers shall be trained in ergonomics and general office safety procedures.

(c) Customer may conduct such additional training of Temporary Personnel as may be appropriate to the particular workplace or work to be performed. Customer shall provide all necessary orientation and additional training of Temporary Personnel as may be required beyond the initial requisition requirements. Such additional training, materials and time required of such personnel to attend such training shall be billable and shall be invoiced by CTE without additional markup.

(d) Associate Vendor shall maintain appropriate records reflecting such training. Those records shall be available for inspection by Volt, Chimes or Customer upon reasonable notice.

## 12. INSURANCE

Associate Vendor agrees, at its sole cost and expense, shall procure and maintain in full force and continuous effect at all times during the term of this Agreement and the performance of Services by Temporary Personnel, insurance for itself and its employees, with insurance companies authorized to do business in the state(s) where work is to be performed, covering all operations under this Agreement, of the following types and/or kinds of coverage and maintaining the following minimum policy limits:

A. Employee Dishonesty Coverage under a Crime Policy or Fidelity Bond, with limits of at least one million dollars (\$1,000,000) for each occurrence, including loss to Volt, Chimes and Customer, covering all Temporary Personnel, with Volt, Chimes and Customer named as loss payees; and

B. Professional Liability insurance, insuring Associate Vendor for Errors and Omissions, with limits of at least one million dollars (\$1,000,000) for each occurrence; and

C. For General Liability, Automobile Liability, and Workers' Compensation/Employer Liability coverage, the insurance policies shall contain a waiver of subrogation in favor of Volt, Chimes and Customer, their respective directors, officers and employees, as to all applicable coverage(s). The Comprehensive Automobile Liability and Commercial General Liability insurance policies shall cover Temporary Personnel assigned to work for the Customer and must provide for Volt, Chimes and Customer to be named as additional insureds, that it/they be primary and non-contributing and required to respond and pay prior to any other available coverage. All insurance policies will be written by a company authorized to do business in the state where the Services are performed. During the term of this Agreement, Associate Vendor represents and warrants to Volt that it shall provide to Volt renewal certificates to evidence that no break in coverage shall occur/shall have occurred; and

10-10



12.1.1. Workers' Compensation and Employer's Liability. Workers' Compensation insurance as prescribed by the law of the state(s) in which the work is performed, including Employer's Liability insurance with limits of at least one million dollars (\$1,000,000) for each occurrence; and

12.1.2. Commercial General Liability insurance, including Blanket Contractual Liability covering the indemnity provisions of this Agreement and Broad Form Property Damage Liability, with limits of at least one million dollars (\$1,000,000) each occurrence/two million dollars (\$2,000,000) aggregate for (a) bodily injury, personal injury (e.g. slander, libel, wrongful detention, false arrest, etc.), (b) products and completed operations, (c) contractual liability, (d) broad form property damage for each occurrence and Employer's Liability Stop Gap Coverage, where applicable; the aggregate limits will apply separately to Associate Vendor's Services under this Agreement; and

12.1.3. Comprehensive Automobile Liability insurance with limits of at least one million dollars (\$1,000,000) combined single limit for bodily injury and property damage for each occurrence covering all owned, hired and non-owned vehicles; and

Chimes and Volt will not require or allow Temporary Personnel to operate employee or Customer owned, non-owned and/or hired motor vehicles during the performance of their day-to-day job duties for Customer.

12.2. Certificates of insurance. Certificates of insurance shall also provide that Volt, Chimes and Customer will be notified in writing at least thirty (30) days prior to renewal, cancellation of or any material change in coverage during the term of this Agreement and must be furnished to Volt prior to the commencement of any Services and at any other such times as requested by Volt.

In no event will the coverages or limits of any insurance maintained by Participating Vendor under this Article 12, or the lack or unavailability of any other insurance, limit or diminish in any way Participating Vendor's obligations or liability to Customer or Chimes under this Agreement.

### 13. INDEMNIFICATION

Associate Vendor agrees to indemnify, hold harmless and defend Volt, Chimes and Customer and their respective affiliates, directors, officers, employees, agents and representatives from and against all liens, claims, demands, charges, suits, proceedings, causes of action of any type, in law or equity, liabilities, damages, penalties, fines, assessments, losses and expenses, including but not limited to interest, reasonable attorneys' fees and costs of suit, and shall include, but not be limited to those caused by or arising out of or in connection with, or contributed to, in whole or in part, directly or indirectly by: (1) Associate Vendor's and/or Temporary Personnel's failure to comply with the terms of this Agreement; (2) any illegal, improper, wrongful activity committed by or involving Associate Vendor and/or Temporary Personnel; (3) any act or omission on the part of Associate Vendor, its agents, or employees (including Temporary Personnel) resulting in bodily injury, death or property damage; (4) any violations or alleged violations by Associate Vendor or Temporary Personnel of any federal, state or local laws, orders, ordinances and/or regulations; (5) any bodily injury to or death of Temporary Personnel occurring during or as a result of or related to or connected with the performance of Services; (6) any payments or withholding of taxes, social security taxes, benefits (if applicable), unemployment and any and all other payroll deductions as may be required by law related to Associate Vendor's supply of Temporary Personnel; (7) Associate Vendor's failure to fully comply with the laws related to employment eligibility in the United States; and/or (8) Associate Vendor's failure to be Year 2000 Compliant, warranted by Associate Vendor herein, which provides that any of its computer, equipment and

10-11

To: 1881-798-8853

From: Purchasing Services Co.

8-16-81 4:18pm p. 1 of 3

PURCHASING SERVICES, CO.  
FAX TRANSMISSION - TOP

CONSOLIDATED FAX COVER SHEET / PURCHASE ORDER

TO: Mr. Brady Lynn  
SOS Staffing

FROM: John C. Martino  
PURCHASING SERVICES, CO.  
830 FIFTH AVENUE  
NEW KENSINGTON, PA 15068-5830  
Phone Number: 724-335-8620 Ext. 104  
Fax Number: 724-335-6312

Brady: Following is Alcoa agreement 1019 for Spanish Fork. The newly-agreed-to Terms and Conditions are incorporated. After review please sign the acceptance clause at the end and fax back to my attention. Call with any questions. Thanks.

John Martino  
Senior Buyer  
Purchasing Services Co.

The bottom of this document has a footer similar to the above. Please contact me if you have any problems in reception.

DOCUMENT BEGINS ON NEXT PAGE

SG000021

PURCHASE ORDER NUMBER &gt;&gt; 1019

Purchasing Services,  
Company  
830 Fifth Avenue  
New Kensington, PA 15068

## Bill To:

Alcoa - Spanish Fork Operation  
1550 N. Kirby Lane  
Spanish Fork UT 84660PO DATE > 2001Aug16  
PAGE 01  
PPS REF > 1019  
BUYER > JCM

## Seller:

SOS Staffing  
1080 North Main Street  
Spanish Fork UT 84660

SELLER ID &gt; SOS STAFFING

## Ship To:

Alcoa - Spanish Fork Operations  
1550 N. Kirby Lane  
Spanish Fork UT 84660SHIP VIA > Not Applicable  
F. O. B. > Not Applicable  
PAY TERMS > Net 30 Days  
ORDER VALUE > 0.00  
SHIPMENT PROMISED > 2002Aug19

SHOW YOUR SELLER ID AS WELL AS OUR PURCHASE ORDER NUMBER ON ALL DOCUMENTS

LT#	QTY	UOM	DESCRIPTION	COST/UNIT	Tax	Flag
1	0	LOT	Seller agrees to furnish all things necessary unless otherwise excepted to provide Temporary Staffing services for Alcoa, Inc., "Company", as requested from 08/20/2001 to 08/19/2002, in accordance with terms stated herein:	0.00		/LOT

A The following are incorporated by reference:

- 1) "Job Category/Rate Schedule for Alcoa", rev. date 08/03/2001
- 2) "Terms for SOS Staffing Services, Inc. Temporary Personnel Services Contracts", Form No. 1100, rev. date 08/16/2001, pages 1-9

NOTE: The following clause must be contained on the Certificate of Insurance:

"Alcoa, Inc., is an additional insured on the Commercial General Liability and Automobile Liability policies. This Insurance is primary without the right of contribution of any insurance carried by or on behalf of Alcoa, Inc."

Mail completed certificate to: Alcoa, Inc., c/o Purchasing Services Co.,  
830 Fifth Avenue, New Kensington, PA 15068.

- 3 Company Representative is designated as Londo Fawcett, 801-798-4741.

Continued on page 2

SG000022

PURCHASE ORDER NUMBER >> 1019

Purchasing Services,  
Company  
830 Fifth Avenue  
New Kensington, PA 15068

Bill To:  
Alcoa - Spanish Fork Operation  
1550 N. Kirby Lane  
Spanish Fork UT 84660

PO DATE > 2001Aug16  
PAGE 02  
PPS REF. > 1019  
BUYER > JCM

Seller:  
SOS Staffing.

SELLER ID > SOS STAFFING

Ship To:  
Alcoa - Spanish Fork Operations

SHOW YOUR SELLER ID AS WELL AS OUR PURCHASE ORDER NUMBER ON ALL DOCUMENTS

IT#	QTY	UOM	DESCRIPTION	COST/UNIT	Tax	Flag
-----	-----	-----	-------------	-----------	-----	------

C Mail invoices, in sufficient detail to verify time & material charges and expenses, in duplicate, showing purchase order number and company-assigned vendor number to: Attention Accounts Payable, at the bill to address above.

D All prices shown or incorporated are firm for the term of this Agreement.

E No revision to this agreement shall be made by any person(s) other than Purchasing Services, Co. Changes accepted from other individuals shall be the Seller's sole responsibility.

F It is agreed that these terms constitute the entire Agreement between the parties hereto, superseding all prior oral and written agreements. The Seller will indicate acceptance of all the above provisions by signing in the space marked and returning this form to Purchasing Services Co. via fax at 724-335-6312.

Accepted by:

Company Name SOS Staffing Services, Inc.  
By: Thomas K. Dawson  
Title Senior Vice President Date 8/22/01

Buyer >> John C. Martino  
Phone >> 724-335-8620 Ext. 104  
Fax >> 724-335-6312

Alcoa - Spanish Fork Operation

John C. Martino

PURCHASING SERVICES, CO.  
FAX TRANSMISSION - BOTTOM

SG000023

## Special Purchasing

## Contract

Page 1 of 3

Date: 02/20/2001

CONFIDENTIAL WHEN COMPLETED

**BURLINGTON  
RESOURCES****OIL & GAS COMPANY LP**

Herein Referred to as "BR" or "Buyer"

**SPC NO: 1924 Alt #1**

**COMPANY:** SOS Staffing Services  
**Attn:** Legal Department  
**Address:** 1415 S. Main Street  
 Salt Lake City, UT 87115  
**Phone No.:** Pam Simmons 505-599-0971  
 Herein Called "CONTRACTOR"

Taxable: Yes

Unless otherwise stated, payment terms of NET 30  
 will be based on the date a complete invoice is  
 received at the Bill To address.

**SHIP TO:** Burlington Resources  
 P.O. Box 4289  
 Farmington, NM 87499

**Attn:**  
**Phone No.:**  
**Effective Date** 3/01/01  
**F. O. B. :** Destination  
**Ship Via :** Delivery  
**Terms:** 10.C

**IF UNABLE TO MEET THE REQUIRED  
 DELIVERY DATE PROMPTLY NOTIFY THE  
 SHIP TO CONTACT LISTED ABOVE**

**IMPORTANT**

Read all provisions on the face hereof and all  
 of this order carefully. This order expressly  
 limits acceptance to the terms of this order  
 and any additional terms proposed by the  
 seller are rejected unless expressly assented to in  
 in writing by BR.

No substitutions or changes will be effective  
 without Buyer's written approval.

**BILL TO:** P.O. Box 4289  
 Farmington, NM 87499  
**Attn:** Accts. Payable

**INVOICE MUST CONTAIN THE  
FOLLOWING:**

- SPC No.: 1924, Alt #1
- Project ID: As Indicated
- Activity ID:
- Code:
- BR signed and priced field ticket
- Copy of Freight Bill (If Any) and or third  
party supporting invoices

Failure to reference any of the required information  
 on your invoice may delay or prevent payment.

**MATERIAL OR SERVICE****1. SCOPE OF WORK**

UNDER THIS SPECIAL PURCHASING CONTRACT, HEREINAFTER KNOWN AS SPC, CONTRACTOR  
 SHALL FURNISH AS REQUIRED, ALL LABOR NECESSARY FOR BURLINGTON RESOURCES'  
 PARTIAL REQUIREMENTS ON A WILL-CALL BASIS IN ACCORDANCE WITH THE TERMS AND  
 CONDITIONS HEREIN AND AS DIRECTED BY BURLINGTON RESOURCES' DESIGNATED  
 REPRESENTATIVES, AS FOLLOWS:

GL ACCOUNT CODE: 71002  
 DESCRIPTION: Contract Temporary Services

**2. SCOPE OF LOCATIONS COVERED**

IT IS THE SPECIFIC INTENT THAT THIS SPC PROVIDE COVERAGE TO THE FOLLOWING  
 BURLINGTON RESOURCES REGIONS/DISTRICTS/AREAS:

SAN JUAN DIVISION

**SG000063**

Special Purchasing

Contract

Page 3 of 3

Date: 02/20/2001

CONFIDENTIAL WHEN COMPLETED

**BURLINGTON  
RESOURCES**

**OIL & GAS COMPANY LP**

*Herein Referred to as "BR" or "Buyer"*

**SPC NO: 1924 Alt #1**

8. *NON-WAIVER*

FAILURE OF BURLINGTON RESOURCES TO EXERCISE ANY OF BURLINGTON RESOURCES' RIGHTS UNDER THIS SPC ANY TIME SHALL NOT WAIVE BURLINGTON RESOURCES' RIGHT TO EXERCISE SAME ON ANOTHER OCCASION.

9. *PREVAILING CONDITIONS*

IN THE EVENT THERE IS A CONFLICT BETWEEN CONTRACTOR'S FURNISHED DOCUMENTS AND CONDITIONS CONTAINED OR REFERENCED HEREIN, THE TERMS AND CONDITIONS CONTAINED OR REFERENCED HEREIN SHALL PREVAIL.

IN THE EVENT OF CONFLICT BETWEEN ATTACHMENTS CONTAINED OR REFERENCED HEREIN, THE ATTACHMENT WITH THE LATEST DATE SHALL PREVAIL.

THE GENERAL AND WORK ORDER CONDITIONS ON THE REVERSE SIDE HEREOF ARE HEREBY DELETED IN THEIR ENTIRETY.

10. *ATTACHMENTS*

THE FOLLOWING AND ANY ATTACHMENTS AND/OR EXHIBITS THERETO ARE ATTACHED HERETO AND MADE A PART OF:

- A. MASTER WORK AND SUPPLY AGREEMENT  
CONTRACTOR SAFETY GUIDELINES
- B. INSURANCE REQUIREMENTS
- C. PRICING SCHEDULE (S)
- D. INVOICE INSTRUCTIONS
- E. COMPLIANCE CERTIFICATE
- F. ACCEPTANCE LETTER

11. *ACCEPTANCE*

CONTRACTOR IS BOUND UPON EXECUTION OF THE ATTACHED ACCEPTANCE LETTER. BURLINGTON RESOURCES IS BOUND ONLY UPON RECEIPT OF THE ATTACHED ACCEPTANCE LETTER OFFICIALLY EXECUTED BY CONTRACTOR.

BURLINGTON RESOURCES OIL & GAS COMPANY LP

BY: BROG GP INC., ITS SOLE GENERAL PARTNER

BY: \_\_\_\_\_

NAME: Jeffrey T. Fife

TITLE: Manager, Purchasing & Materials

**SG000065**

## 5. ACCIDENTS TO BE REPORTED

In the event **CONTRACTOR** or its agents, representatives, employees, or subcontractors are involved in an accident on **BURLINGTON RESOURCES'** premises, or if such accident involves **BURLINGTON RESOURCES'** property, equipment, or personnel (including **BURLINGTON RESOURCES'** employees, agents and representatives) or the property, equipment, or personnel of **CONTRACTOR** or subcontractors, or if such accident involves any third party in any manner whatsoever while **CONTRACTOR** or its agents, representatives, employees, or subcontractors are performing any duties within the scope of this Agreement, **CONTRACTOR** shall immediately report such accident to **BURLINGTON RESOURCES** and **CONTRACTOR'S** insurer. All accidents must be reported promptly. The reporting of any accident will not imply any admission of liability on the part of **BURLINGTON RESOURCES** or **CONTRACTOR**, their agents, representatives, employees, or subcontractors. Upon request, **CONTRACTOR** shall furnish **BURLINGTON RESOURCES** with copies of all reports made by **CONTRACTOR** concerning such accident. **CONTRACTOR** will keep **BURLINGTON RESOURCES** informed of the progress of resolution of all such accidents.

**BURLINGTON RESOURCES** shall have the same reporting requirement to **CONTRACTOR** for **CONTRACTOR'S** employees.

## 6. INSURANCE

**CONTRACTOR** agrees to carry the insurance as set out on Attachment 10.B (which is included in this Agreement as if set out in full herein) throughout the entire period of this Agreement. Before engaging in any work under the Agreement **CONTRACTOR** shall furnish **BURLINGTON RESOURCES** an executed Certificate of Insurance in the form required by **BURLINGTON RESOURCES**, together with each insurer's agreement to give **BURLINGTON RESOURCES** at least thirty (30) days written notice of cancellation or expiration of policy or of any other material changes that would reduce the insurance or liability of the respective policies. Failure to secure such endorsements on the policies as may be necessary to carry out the terms and provisions of the Agreement, shall in no way act to relieve **CONTRACTOR** from the obligations of the Agreement, any provisions hereof to the contrary notwithstanding. In the event that liability for any loss or damage be denied by the underwriter or underwriters, in all or in part, because of breach of said insurance by **CONTRACTOR**, or if **CONTRACTOR** fails to maintain any of the insurance herein required, **CONTRACTOR** shall release, indemnify, protect, defend and hold harmless **BURLINGTON RESOURCES** against all claims, demands, costs and expenses, including attorneys fees, which would otherwise be covered by said insurance.

No specification herein of any amount or amounts of insurance shall be construed to limit in any manner **CONTRACTOR'S** obligations to indemnify **BURLINGTON RESOURCES**, its employees, agents and representatives, as provided elsewhere in this Agreement.

If the work be performed pursuant to this Agreement is performed in the State of Texas, the indemnities of the **CONTRACTOR** with respect to claims for personal injury or death of its employees or agents, or employees or agents of its subcontractor, will be supported by the insurance coverage and dollar limits to be maintained by **CONTRACTOR** as herein provided, but in no event shall the terms hereof be deemed to require such insurance coverage in an amount in excess of \$500,000 for bodily injury as to unilateral indemnity obligations of **CONTRACTOR**.

## 7. WARRANTY AGAINST PATENT INFRINGEMENT

**CONTRACTOR** represents and warrants that the use of any procedure, process, or method and all tools and/or equipment furnished by it and used in the work or service provided for hereunder does not infringe on any license, patent or trade secret. **CONTRACTOR** agrees to release, indemnify, protect, defend and hold harmless **BURLINGTON RESOURCES** from any and all claims, demands and causes of action of every kind and character, including the cost of defense thereof, in favor of, or made by any party, which may result from or arise out of furnishing or use of the same by **CONTRACTOR** in connection with the work or services performed hereunder.

**SG000068**

**BURLINGTON RESOURCES OIL & GAS CO. LP**  
*(Herein referred to as "Burlington Resources")*  
**INSURANCE REQUIREMENTS**  
**ATTACHMENT 10.B**

Pursuant to Attachment 10.A, Master Work and Supply Agreement, Paragraph 6, Contractor agrees to carry and provide the following insurance throughout the entire period of this Special Purchasing Contract (SPC) and to furnish Burlington Resources an executed Certificate of Insurance for the same prior to its execution.

<u>TYPES OF INSURANCE TO BE CARRIED</u>		<u>MINIMUM REQUIRED</u>	
		Onshore	Offshore
<b><u>1. EMPLOYER</u></b>			
A. Basic Worker's Compensation Policy, endorsed to provide Longshoremens and Harbor Workers Act Coverage, including the Outer Continental Shelf Lands Act.		Statutory Limits	Statutory Limits
<u>Endorsements</u>			
Employers Liability		\$1,000,000	\$10,000,000
Voluntary Compensation		(\$500,000)*	(\$1,000,000)*
Borrowed Servant, In Rem, Admiralty Coverage II, Death on the High Seas, Jones Act Seaman			
<b><u>2. COMPREHENSIVE GENERAL LIABILITY</u></b>		\$5,000,000	\$10,000,000
		\$1,000,000*	(\$5,000,000)*
<u>Endorsements</u>		Premises	
Personal Injury		Product Liability	
Completed Operations		Independent Contractor	
Broad Form Contractual Liability		Territory Limits Extended to include Gulf of Mexico, if applicable	
Broad Form Property Damage			
<b><u>3. COMPREHENSIVE AUTOMOBILE LIABILITY</u></b>		\$5,000,000	\$10,000,000
		(\$1,000,000)*	(\$5,000,000)*
<u>Endorsements</u>			
Owned Vehicles, Non-Owned Vehicle, Hired Vehicles			
<b><u>4. WATERCRAFT, IF APPLICABLE</u></b>		\$10,000,000	
A. Protection and Indemnity Insurance on the SP23 Form or equivalent			
B. Hull and Machinery Insurance to the market value of the vessel or \$1,000,000, whichever is greater, on the American Institute Hull Clause (June 2, 1977) form or its equivalent. Said insurance shall be endorsed to Waive Rights of Subrogation in Favor of Company and its affiliates and to name Company and its affiliates as an Additional Insured with deletion of "Other Than Owner" limitation clauses.			
<u>Endorsements</u>			
Chartered Vessel		In Rem	
Members of Crew		Collision Liability	
Marine Contractual		Removal of "Other Than Owner" Limitation Clause	
Tower's Liability			
<b><u>5. AIRCRAFT FIXED OR ROTARY WING, IF APPLICABLE</u></b>			\$5,000,000
		<u>Endorsements</u>	
A. Aircraft Liability		Owned Aircraft	
B. Passenger Liability		Non-owned Aircraft	

SG000073



- |           |                                  |                       |
|-----------|----------------------------------|-----------------------|
| <b>C.</b> | <b>Property Damage Liability</b> | <b>Hired Aircraft</b> |
|-----------|----------------------------------|-----------------------|

## 6. APPLICABLE TO ALL POLICIES

- A. **Burlington Resources as additional insured.**  
It is further agreed that each such policy, other than Worker's Compensation policies, shall name Company and its affiliates as an additional insured. Contractor shall be solely responsible for deductibles required under such policies. All policies and limits are per occurrence.
- B. **Other Insurance Endorsement**  
"Underwriter acknowledge the existence of liability and property damage insurance carried by Burlington Resources, its parent and/or affiliated companies and it is understood and agreed that the provision relating to other insurance in this policy, if any, shall not be applicable to Burlington Resources. It is further understood that the insurance provided by this policy shall be primary insurance for all assureds, and such other insurance carried by Burlington Resources, its parent and/or affiliated companies, shall not be called upon by these insurers for contributing, deficiency, concurrent or double insurance or otherwise."
- C. **Sue or Labor**  
Any "Sue or Labor" provisions in the required policies in which Burlington Resources is named as an additional insured shall not apply to Burlington Resources or any of its affiliates or subsidiary companies.
- D. **Waiver of Subrogation**  
For each policy under which Contractor is an assured, whether described herein or not, Contractor agrees to waive and agrees to have its insurers waive any rights of subrogation they may have against Burlington Resources or its affiliates, their officers, directors, employees, or agents of any of them.
- E. **Certificates**  
Contractor shall furnish, to Company's satisfaction, evidence of insurance coverage prior to beginning work hereunder.
- F. **Notice**  
Each insurance policy shall contain a provision obligating the insurer to give Company written notice of change or cancellation not less than thirty (30) days prior to the effective date of such change or cancellation.
- G. **Policies**  
Contractor agrees, upon request of Company, to submit the original or certified copy of its insurance policies for inspection by Company at any time.
- H. **Waiver of Breach**  
Company will not be held responsible for any unpaid premium or any breach of warranty by the Contractor.

Burlington Resources as used herein, shall mean Burlington Resources Oil & Gas Co. and all of its parents, affiliates, subsidiaries and coventurer companies and all of its officers, directors, employees, agents and direct subcontractors. Contractor as used herein shall mean the contracted company as listed on the SPC and its parents, affiliates, subsidiaries and insurers.

Applicable to vendors and service contractor companies other than drilling, completion contractor, marine charter, pipeline construction or plant construction.

SG000074

## AGREEMENT TO PROVIDE SERVICES

THIS AGREEMENT("Agreement") is entered into this 2<sup>nd</sup> day of JANUARY, 1997, by and between QUESTAR REGULATED SERVICES COMPANY, a Utah corporation referred to as "Client," and SOS STAFFING SERVICES, INC., a Utah corporation, referred to as "Agency." Client and Agency may be referred to collectively as the "Parties" or singularly as a "Party."

### THE PARTIES REPRESENT AS FOLLOWS:

A. Questar Gas Company and Questar Pipeline Company have separately retained Client as their respective agent to provide temporary workers and other services.

B. Client, and for itself as agent for Questar Gas Company and Questar Pipeline Company, wishes to contract with Agency, on a nonexclusive basis, for the services of Agency (referred to as the "Services") in providing temporary workers for employment in Idaho, Utah, Wyoming and Colorado in the general fields set forth in Exhibit "A" hereto.

C. Agency is ready, willing, and able to provide temporary workers as may be requested by Client.

### NOW, THEREFORE, THE PARTIES AGREE:

#### ARTICLE I SERVICES

I-1 Agency understands and agrees that temporary workers shall be provided on a day-to-day, as-needed basis, and that Client in its sole discretion shall determine its need, if any, for temporary workers or the continuation of their employment.

I-2 Agency agrees to provide the temporary workers upon the request of Client and further agrees that their cost shall not exceed any limitation of total cost stated in Client's request.

I-3 When requesting temporary workers, Client shall specify: (i) the classification of workers required; (ii) if the position is a U.S. Department of Transportation ("DOT") "covered position"; (iii) the applicable hourly or daily price for each specified classification; (iv) the maximum allowable cost for each classification; and the (iv) duration of their employment applicable to the request, including beginning date(s) and, when applicable, ending date(s).

SG000033

## ARTICLE IX INSURANCE

IX-1 Without limiting any of the other obligations or liabilities of Agency under this Agreement, Agency shall maintain insurance coverage as set forth below and on the Certificates of Insurance that are attached as Exhibit "C" and incorporated by this reference. Client may increase and/or amend any insurance requirements in response to changes in Exhibit "A". Upon notice of such increase and/or amendment, Agency shall obtain the required insurance coverage. The Certificates of Insurance shall be properly completed and signed by a duly authorized representative or officer of Agency's insurance company without alteration, modification or addition except for the insertion of policy information in the spaces provided. The completion and proper execution of the Certificates is a condition precedent to the performance of any Services undertaken during the term of this Agreement. Should any of the policies described and identified in the Certificates expire or otherwise terminate during the term of this Agreement, Agency must replace the policies before the expiration date with policies giving the same or comparable coverage that meets Client's approval. New Certificates in the same form and for the same or approved coverage and liability limits as set forth on the attached Certificates must be executed by Agency's insurer and filed with Client. The filing of the new Certificates shall also be a condition precedent to the prosecution or continuation of any Services under this Agreement.

IX-2 If any insurance required of Agency is written on a claims-made basis, for a period of six years from the completion of the Services contemplated by this Agreement, Agency shall:

IX-2.1 Maintain a retroactive date that at a minimum dates back to the inception of the Agreement;

IX-2.2 Use all reasonable efforts to maintain insurance limits undepleted by losses or reserves for anticipated losses in the minimum amounts specified in this Agreement; and

IX-2.3 Maintain an extended reporting period rider which at a minimum dates back to the inception of this Agreement if the claims-made insurance is canceled, not renewed or renewed on a basis other than claims made.

IX-3 The insurance required by this Agreement shall be maintained with Insurers acceptable to Client and shall conform in all respects with the laws of the state where the Work is to be performed.

**EXHIBIT "C"**  
**to the**  
**AGREEMENT TO PROVIDE SERVICES**  
**between**  
**QUESTAR REGULATED SERVICES COMPANY**  
**and**  
**SOS STAFFING SERVICES**  
**INSURANCE CERTIFICATE**

**SG000047**

TO: Questar Regulated Services Company  
P. O. Box 45433  
180 East First South  
Salt Lake City, Utah 84145-0433

Exhibit/Attachment C to Agreement to Provide Services  
dated between Questar Regulated Services Company  
and SOS Staffing Services, Inc.

ATTENTION: Insurance Department

PRODUCER:		COMPANIES AFFORDING COVERAGE				BEST'S RATE
DIVERSIFIED INSURANCE BROKERS 136 E. SOUTH TEMPLE, SUITE 2300 SALT LAKE CITY, UT. 84111  Contact: STEVEN G. HANDLEY Telephone No. 801-325-5008 Fax No. 801-532-2804 INSURED: SOS STAFFING SERVICES, INC. 1415 SOUTH MAIN STREET SALT LAKE CITY, UT. 84115		Company Letter A	ADMIRAL INSURANCE COMPANY			A++(S)
		Company Letter B	CIGNA INSURANCE COMPANY			A-(S)
		Company Letter C	NATIONAL UNION FIRE INSURANCE			A++(S)
		Company Letter D				
		The insuring company is aware that SOS Staffing Services, Inc. shall perform its operations in the state(s) of Utah, Wyoming, Idaho and Colorado				
Co. Ltr.	Type of Insurance	Policy Number	Policy Effective	Policy Expires	Limits of Liability	
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> Commercial General Liability <input type="checkbox"/> Claims Made <input checked="" type="checkbox"/> Occurrence Includes: Premises Operations Independent Contractors Products Completed Operations (extending 1 year after completion of operations) Personal Injury (with employee exclusion deleted) Broad Form Contractual Broad Form Property Damage <input checked="" type="checkbox"/> Explosion, Collapse & Underground Hazards (XCU) <input type="checkbox"/> Blowout & Cratering <input type="checkbox"/> Underground Resources & Equipment <input type="checkbox"/> Pollution Liability (Sudden & Accidental/Gradual) <input type="checkbox"/> Other:	A98AG04188	1/01/98	1/01/99	Each Occurrence General Aggregate Products/Completed Ops Aggregate Personal & Adv. Injury Fire Damage (Any one fire) Medical Exp. (Any one person)  Self Insured Retention/Deductible  Sublimits (if applicable):	\$ 1,000,000 \$ 1,000,000 \$ 1,000,000 \$ 1,000,000 \$ \$ \$ \$
A	<input checked="" type="checkbox"/> Professional Liability/Errors & Omissions, Including Contractual	A98AG04188	1/01/98	1/01/99	Each Occurrence \$ 1,000,000	Aggregate \$ 1,000,000
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> Any Auto <input type="checkbox"/> All Owned Autos <input type="checkbox"/> Scheduled Autos <input checked="" type="checkbox"/> Hired Autos <input checked="" type="checkbox"/> Non-Owned Autos <input type="checkbox"/> Pollution Liability (Sudden & Accidental)	A98AG04188	1/01/98	1/01/99	Combined Single Limit Bodily Injury (Per Person) Bodily Injury (Per Accident) Property Damage	\$ 1,000,000 \$ \$ \$
	<input type="checkbox"/> EXCESS LIABILITY <input type="checkbox"/> Umbrella Form				Each Occurrence \$	Aggregate \$
B	<b>WORKERS' COMPENSATION</b> <input checked="" type="checkbox"/> Standard Workers' Compensation <input checked="" type="checkbox"/> Employers' Liability <input checked="" type="checkbox"/> Voluntary Compensation <input checked="" type="checkbox"/> Employers' Liability Stop-Gap Endorsement <input type="checkbox"/> Other:	WLRC42091479	1/01/98	1/01/99	STATUTORY \$ 1,000,000 \$ 1,000,000 \$ 1,000,000	Each Accident (Discriminator - Policy Limit) (Discriminator - Each Employee)
C	<b>OTHER - Employee Dishonesty - Third Party/Clients Fidelity Coverage</b>	4869608	1/01/98	1/01/99	\$ 1,000,000	
<b>DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/RESTRICTIONS/SPECIAL ITEMS</b> Any and All Operations Performed by the Insured on Behalf of Questar Regulated Services Company						

Limits of liability required above may be satisfied with a combination of primary and excess liability policies.

- (A) Each policy cited above contains a provision that the policy shall not be cancelled or materially changed without thirty (30) days' prior written notice to Questar Regulated Services Company.
- (B) Contractual obligations contained in the agreement mentioned above are covered under the Contractual Liability insurance cited above subject to all its conditions, limitations and other provisions of the policy except with respect to Workers' Compensation.
- (C) The right of subrogation against Questar Regulated Services Company, its parent or any of its subsidiaries and/or affiliated companies and any of the officers, agents and/or employees of such companies is waived in each of the policies listed above.
- (D) Questar Regulated Services Company, including all of its directors, officers, agents and employees acting on its behalf, is listed as an additional insured of the policies listed above, except Workers' Compensation, but, only with respect to the work being performed by the Insured on behalf of Questar Regulated Services Company.
- (E) The insurance afforded to Questar Regulated Services Company as an additional insured is primary coverage and applies to the full policy limits prior to any insurance coverage, including any applicable self-insured retentions or deductibles which Questar Regulated Services Company, its parent or any of its subsidiaries and/or affiliated companies, if applicable, may have in the event of a claim made against any of the policies listed above.
- Upon written request by Questar Regulated Services Company, the Insured will furnish a copy of any policy cited above, certified by the Insurance Company and complete copy of the original.

*Steven G. Handley*

Questar Gas Company  
P. O. Box 45433  
180 East First South  
Salt Lake City, Utah 84145-0433

Page 2 of 5  
Exhibit/Attachment "C" to the Agreement to Provide Services  
dated \_\_\_\_\_ between Questar Gas Company  
and SOS Staffing Services, Inc.  
\*Questar Regulated Services Company

ATTENTION: Insurance Department

<b>PRODUCER:</b>  DIVERSIFIED INSURANCE BROKERS 136 E. SOUTH TEMPLE, SUITE 2300 SALT LAKE CITY, UT. 84111  Contact: STEVEN G. HANDLEY Telephone No: 801-325-5008 Fax No: 801-532-2804	<b>COMPANIES AFFORDING COVERAGE</b>		<b>BEST RAT</b>
	Company Letter A	ADMIRAL INSURANCE COMPANY	A++(S)
	Company Letter B	CIGNA INSURANCE COMPANY	A-(S)
	Company Letter C	NATIONAL UNION FIRE INSURANCE	A++(S)
	Company Letter D		
<b>INSURED:</b>  SOS STAFFING SERVICES, INC. 1415 SOUTH MAIN STREET SALT LAKE CITY, UT. 84115	The insuring company is aware that _____ SOS Staffing Services, Inc. shall perform _____ its operations in the state(s) of _____ Utah, Idaho and Wyoming		

Co. Lr.	Type of Insurance	Policy Number	Policy Effective	Policy Expires	Limits of Liability	
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> Commercial General Liability <input type="checkbox"/> Claims Made <input checked="" type="checkbox"/> Occurrence Includes: Premises Operations Independent Contractors Products Completed Operations (extending 1 year after completion of operations) Personal Injury (with employee exclusion deleted) Broad Form Contractual Broad Form Property Damage <input checked="" type="checkbox"/> Explosion, Collapse & Underground Hazards (XCU) <input type="checkbox"/> Blow-out & Cratering <input type="checkbox"/> Underground Resources & Equipment <input type="checkbox"/> Pollution Liability (Sudden & Accidental/Gradual) <input type="checkbox"/> Other _____	A98AG04188	1/01/98	1/01/99	Each Occurrence General Aggregate Products/Completed Ops Aggregate Personal & Adv. Injury Fire Damage (Any one fire) Medical Exp. (Any one person)  Self Insured Retention/Deductible  Sublimits (if applicable):	\$ 1,000,000 \$ 1,000,000 \$ 1,000,000 \$ 1,000,000 \$ \$ \$ \$ \$ \$
A	<input checked="" type="checkbox"/> Professional Liability/Errors & Omissions, Including Contractual	A98AG04188	1/01/98	1/01/99	Each Occurrence \$ 1,000,000	Aggregate \$ 1,000,000
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> Any Auto <input type="checkbox"/> All Owned Autos <input type="checkbox"/> Scheduled Autos <input checked="" type="checkbox"/> Hired Autos <input checked="" type="checkbox"/> Non-Owned Autos <input type="checkbox"/> Pollution Liability (Sudden & Accidental)	A98AG04188	1/01/98	1/01/99	Combined Single Limit Bodily Injury (Per Person) Bodily Injury (Per Accident) Property Damage	\$ 1,000,000 \$ \$ \$
	<input type="checkbox"/> EXCESS LIABILITY <input type="checkbox"/> Umbrella Form				Each Occurrence \$	Aggregate \$
B	<b>WORKERS' COMPENSATION</b> <input checked="" type="checkbox"/> Standard Workers' Compensation <input checked="" type="checkbox"/> Employers' Liability <input type="checkbox"/> Voluntary Compensation <input checked="" type="checkbox"/> Employers' Liability Stop-Gap Endorsement <input type="checkbox"/> Other _____	WKRC42091479	1/01/98	1/01/99	STATUTORY \$ 1,000,000 \$ 1,000,000 \$ 1,000,000	Each Accident (Discourt - Policy Limit) (Discourt - Each Employee)
C	<b>OTHER - Employee Dishonesty - Third Party/Clients Fidelity Coverage</b>	4869608	1/01/98	1/01/99	\$ 1,000,000	

**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLE RESTRICTIONS/SPECIAL ITEMS**

Any and All Operations Performed by the Insured for Questar Regulated Services Company, as Agent, on Behalf of Questar Gas Company

Limits of liability required above may be satisfied with a combination of primary and excess liability policies.

- (A) Each policy cited above contains a provision that the policy shall not be cancelled or materially changed without thirty (30) days' prior written notice to Gas Company.
- (B) Contractual obligations contained in the agreement mentioned above are covered under the Contractual Liability insurance cited above subject to all its conditions, limitations and other provisions of the policy except with respect to Workers' Compensation.
- (C) The right of subrogation against Questar Gas Company, its parents or any of its subsidiaries and/or affiliated companies and any of the directors, officer and/or employees of such Companies is waived in each of the policies listed above.
- (D) Questar Gas Company, including all of its directors, officers, agents and employees acting on its behalf, is listed as an additional insured on each of the listed above, except Workers' Compensation, but, only with respect to the work being performed by the Insured on behalf of Questar Gas Company.
- (E) The insurance afforded to Questar Gas Company as an additional insured is primary coverage and applies to the full policy limits prior to any other insurance coverages, including any applicable self-insured retentions or deductibles which Questar Gas Company, its parents or any of its subsidiaries and/or affiliated companies, if applicable, may have in the event of a claim made against any of the policies listed above.

Upon written request by Questar Gas Company, the Insured will furnish a copy of any policy cited above, certified by the Insurance Company to be a true and correct copy of the original.

(10-97)

Authorized Representative

*Steven G. Handley*

SG000049

12/29/97

Date

1.00

TO: Questar Pipeline Company  
P. O. Box 45433  
180 East First South  
Salt Lake City, Utah 84145-0433  
ATTENTION: Insurance Department

Exhibit/Attachment "C" - Agreement to Provide Services  
dated \_\_\_\_\_ between Questar Pipeline Company  
and SOS Staffing Services, Inc.  
\*Questar Regulated Services Company

<b>PRODUCER:</b> DIVERSIFIED INSURANCE BROKERS 136 E. SOUTH TEMPLE, SUITE 2300 SALT LAKE CITY, UT. 84111  Contact: STEVEN G. HANDLEY Telephone No: 801-325-5008 Fax No: 801-532-2804 <b>INSURED:</b> SOS STAFFING SERVICES, INC. 1415 SOUTH MAIN STREET SALT LAKE CITY, UT. 84115	<b>COMPANIES AFFORDING COVERAGE</b>		<b>BEST'S RATING</b>
	Company Letter A	ADMIRAL INSURANCE COMPANY	A++ (S)
	Company Letter B	CIGNA INSURANCE COMPANY	A- (S)
	Company Letter C	NATIONAL UNION FIRE INSURANCE	A+ (S)
	Company Letter D		
The insuring company is aware that SOS Staffing Services, Inc. shall perform its operations in the state(s) of Utah, Wyoming and Colorado			

Co. Ltr.	Type of Insurance	Policy Number	Policy Effective	Policy Expires	Limits of Liability	
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> Commercial General Liability <input type="checkbox"/> Claims Made <input checked="" type="checkbox"/> Occurrence Includes: Premises Operations Independent Contractors Products Completed Operations (covering 1 year after completion of operations) Personal Injury (with employer exclusion deleted) Broad Form Contractual Broad Form Property Damage <input checked="" type="checkbox"/> Explosion, Collapse & Underground Hazards (XCU) <input type="checkbox"/> Blowout & Cratering <input type="checkbox"/> Underground Resources & Equipment <input type="checkbox"/> Pollution Liability (Sudden & Accidental/Gross) <input type="checkbox"/> Other:	A98AG04188	1/01/98	1/01/99	Each Occurrence General Aggregate Products/Completed Ops Aggregate Personal & Adv. Injury Fire Damage (Any one fire) Medical Exp. (Any one person)  Self Insured Retention/Deductible  Sublimits (if applicable):	\$ 1,000,000 \$ 1,000,000 \$ 1,000,000 \$ 1,000,000 \$ \$ \$ \$ \$
A	<input checked="" type="checkbox"/> Professional Liability/Errors & Omissions, Including Contractual	A98AG04188	1/01/98	1/01/99	Each Occurrence \$ 1,000,000	Aggregate \$ 1,000,000
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> Any Auto <input type="checkbox"/> All Owned Autos <input type="checkbox"/> Scheduled Autos <input checked="" type="checkbox"/> Hired Autos <input checked="" type="checkbox"/> Non-Owned Autos <input type="checkbox"/> Pollution Liability (Sudden & Accidental)	A98AG04188	1/01/98	1/01/99	Combined Single Limit Bodily Injury (Per Person) Bodily Injury (Per Accident) Property Damage	\$ 1,000,000 \$ \$ \$
	<input type="checkbox"/> EXCESS LIABILITY <input type="checkbox"/> Umbrella Form				Each Occurrence \$	Aggregate \$
B	<b>WORKERS' COMPENSATION</b> <input checked="" type="checkbox"/> Standard Workers' Compensation <input checked="" type="checkbox"/> Employers' Liability <input checked="" type="checkbox"/> Voluntary Compensation <input checked="" type="checkbox"/> Employers' Liability Stop-Gap Endorsement <input type="checkbox"/> Other:	WLRC42091479	1/01/98	1/01/99	<b>STATUTORY</b> \$ 1,000,000 Each Accident \$ 1,000,000 (Disinc - Policy Limit) \$ 1,000,000 (Disinc - Each Employee)	
C	<b>OTHER - Employee Dishonesty - Third Party/Clients Fidelity Coverage</b>	4869608	1/01/98	1/01/99	\$ 1,000,000	

**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/RESTRICTIONS/SPECIAL ITEMS**

Any and All Operations Performed by the Insured for Questar Regulated Services Company, as Agent, on Behalf of Questar Pipeline Company

Limits of Liability required above may be satisfied with a combination of primary and excess liability policies.

- (A) Each policy cited above contains a provision that the policy shall not be cancelled or materially changed without thirty (30) days' prior written notice to Q Pipeline Company.
- (B) Contractual obligations contained in the agreement mentioned above are covered under the Contractual Liability insurance cited above subject to all terms, conditions, limitations and other provisions of the policy except with respect to Workers' Compensation.
- (C) The right of subrogation against Questar Pipeline Company, its parent or any of its subsidiaries and/or affiliated companies and any of the directors, officers, and/or employees of such Companies is waived in each of the policies listed above.
- (D) Questar Pipeline Company, including all of its directors, officers, agents and employees acting on its behalf, is listed as an additional insured on each of the policies listed above, except Workers' Compensation, but, only with respect to the work being performed by the insured on behalf of Questar Pipeline Company.
- (E) The insurance afforded to Questar Pipeline Company as an additional insured is primary coverage and applies to the full policy limits prior to any other insurances, coverages, including any applicable self-insured retentions or deductibles which Questar Pipeline Company, its parent or any of its subsidiaries and/or all companies, if applicable, may have in the event of a claim made against any of the policies listed above.
- Upon written request by Questar Pipeline Company, the Insured will furnish a copy of any policy cited above, certified by the Insurance Company to be a true and complete copy of the original.

*Steven G. Handley*  
 \_\_\_\_\_  
 Authorized Representative

12/29/97

Date

# CERTIFICATE OF INSURANCE

Page 4 of 5

TO: Interstate Land Corporation  
P. O. Box 45433  
180 East First South  
Salt Lake City, Utah 84145-0433

Exhibit/Attachment "C" to the Agreement to Provide Services  
dated between Interstate Land Corporation  
and SOS Staffing Services, Inc.

\*Questar Regulated Services Company

ATTENTION: Insurance Department

<b>PRODUCER:</b>  DIVERSIFIED INSURANCE BROKERS 136 EAST SOUTH TEMPLE, SUITE 2300 SALT LAKE CITY, UT. 84111  Contact: STEVEN G. HANDLEY Telephone No: 801-325-5008    Fax No: 801-532-2804	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">COMPANIES AFFORDING COVERAGE</th> <th style="text-align: left;">BEST'S KE RATING</th> </tr> <tr> <td>Company Letter A ADMIRAL INSURANCE COMPANY</td> <td>A++ (Smp)</td> </tr> <tr> <td>Company Letter B CIGNA INSURANCE COMPANY</td> <td>A- (Smp)</td> </tr> <tr> <td>Company Letter C NATIONAL UNION FIRE INSURANCE</td> <td>A++ (Smp)</td> </tr> <tr> <td>Company Letter D</td> <td></td> </tr> </table>	COMPANIES AFFORDING COVERAGE	BEST'S KE RATING	Company Letter A ADMIRAL INSURANCE COMPANY	A++ (Smp)	Company Letter B CIGNA INSURANCE COMPANY	A- (Smp)	Company Letter C NATIONAL UNION FIRE INSURANCE	A++ (Smp)	Company Letter D	
COMPANIES AFFORDING COVERAGE	BEST'S KE RATING										
Company Letter A ADMIRAL INSURANCE COMPANY	A++ (Smp)										
Company Letter B CIGNA INSURANCE COMPANY	A- (Smp)										
Company Letter C NATIONAL UNION FIRE INSURANCE	A++ (Smp)										
Company Letter D											
<b>INSURED:</b>  SOS STAFFING SERVICES, INC. 1415 SOUTH MAIN STREET SALT LAKE CITY, UT. 84115	The insuring company is aware that SOS Staffing Services, Inc. shall perform its operations in the state(s) of Utah										

Co. Ltr.	Type of Insurance	Policy Number	Policy Effective	Policy Expires	Limits of Liability
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> Commercial General Liability <input type="checkbox"/> Claims Made <input checked="" type="checkbox"/> Occurrence Includes: Premises Operations Independent Contractors Products Completed Operations (occurring 1 year after completion of operations) Personal Injury (with employer exclusion deleted) Broad Form Contractual Broad Form Property Damage <input checked="" type="checkbox"/> Explosion, Collapse & Underground Hazards (XCU) <input type="checkbox"/> Blow-out & Cratering <input type="checkbox"/> Underground Resources & Equipment <input type="checkbox"/> Pollution Liability (Sudden & Accidental/Gradual) <input type="checkbox"/> Other:	A98AG04188	1/01/98	1/01/99	Each Occurrence \$ 1,000,000 General Aggregate \$ 1,000,000 Products/Completed Ops Aggregate \$ 1,000,000 Personal & Adv. Injury \$ 1,000,000 Fire Damage (Any one fire) \$ Medical Exp. (Any one person) \$  Self Insured Retention/Deductible \$  Sublimits (if applicable): \$ \$ \$ \$
A	<input checked="" type="checkbox"/> Professional Liability/Errors & Omissions, Including Contractual	A98AG04188	1/01/98	1/01/99	Each Occurrence \$ 1,000,000 Aggregate \$ 1,000,000
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> Any Auto <input type="checkbox"/> All Owned Autos <input type="checkbox"/> Scheduled Autos <input checked="" type="checkbox"/> Hired Autos <input checked="" type="checkbox"/> Non-Owned Autos <input type="checkbox"/> Pollution Liability (Sudden & Accidental)	A98AG04188	1/01/98	1/01/99	Combined Single Limit Bodily Injury (Per Person) \$ Bodily Injury (Per Accident) \$ Property Damage \$
	<input type="checkbox"/> EXCESS LIABILITY <input type="checkbox"/> Umbrella Form				Each Occurrence Aggregate \$
B	<b>WORKERS' COMPENSATION</b> <input checked="" type="checkbox"/> Standard Workers' Compensation <input checked="" type="checkbox"/> Employers' Liability <input type="checkbox"/> Voluntary Compensation <input type="checkbox"/> Employers' Liability Stop-Gap Endorsement <input type="checkbox"/> Other:	WLRC42091479	1/01/98	1/01/99	<b>STATUTORY</b> \$ 1,000,000 Each Accident \$ 1,000,000 (Discrete - Policy Limit) \$ 1,000,000 (Discrete - Each Employee)
C	<b>OTHER - Employee Dishonesty - Third Party/Clients Fidelity Coverage</b>	4869608	1/01/98	1/01/99	\$ 1,000,000

**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/RESTRICTIONS/SPECIAL ITEMS**

Any and All Operations Performed by the Insured on behalf of the Questar Entities at the Interstate Land Corporation Managed Facilities

Limits of liability required above may be satisfied with a combination of primary and excess liability policies.

- (A) Each policy cited above contains a provision that the policy shall not be cancelled or materially changed without thirty (30) days' prior written notice to Interstate Land Corporation.
- (B) Contractual obligations contained in the agreement mentioned above are covered under the Contractual Liability insurance cited above subject to all terms, conditions, limitations and other provisions of the policy except with respect to Workers' Compensation.
- (C) The right of subrogation against Interstate Land Corporation, its parent or any of its subsidiaries and/or affiliated companies and any of the directors, officers, agents and/or employees of such Companies is waived in each of the policies listed above.
- (D) Interstate Land Corporation, including all of its directors, officers, agents and employees acting on its behalf, is listed as an additional insured on each of the policies listed above, except Workers' Compensation, but only with respect to the work being performed by the Insured on behalf of Interstate Land Corporation.
- (E) The insurance afforded to Interstate Land Corporation as an additional insured is primary coverage and applies to the full policy limits prior to any other insurer coverages, including any applicable self-insured retentions or deductibles which Interstate Land Corporation, its parent or any of its subsidiaries and/or affiliated companies, if applicable, may have in the event of a claim made against any of the policies listed above.

Upon written request by Interstate Land Corporation, the Insured will furnish a copy of any policy cited above, certified by the Insurance Company to be a true and complete copy of the original.

*Steven G. Handley*

(01-93)

Authorized Representative

SG000051

12/29/97

Date



TO: Questar Corporation and Questar GO Holding Corporation  
P. O. Box 45433  
180 East First South  
Salt Lake City, Utah 84145-0433

Exhibit/Attachment "C" to Agreement to Provide Services  
dated \_\_\_\_\_ between Questar Corporation and  
and SOS Staffing Services, Inc.  
\*Questar Regulated Services Cor

ATTENTION: Insurance Department

<b>PRODUCER:</b>  DIVERSIFIED INSURANCE BROKERS 136 EAST SOUTH TEMPLE, SUITE 2300 SALT LAKE CITY, UT. 84111  Contact: STEVEN G. HANDLEY Telephone No. 801-325-5008 Fax No. 801-532-2804 <b>INSURED:</b>  SOS STAFFING SERVICES, INC. 1415 SOUTH MAIN STREET SALT LAKE CITY, UT. 84115	<b>COMPANIES AFFORDING COVERAGE</b>		<b>BEST'S RATING</b>
	Company Letter A	ADMIRAL INSURANCE COMPANY	A++(S)
	Company Letter B	CIGNA INSURANCE COMPANY	A-(S)
	Company Letter C	NATIONAL UNION FIRE INSURANCE	A++(S)
	Company Letter D		

The insuring company is aware that \_\_\_\_\_  
SOS Staffing Services, Inc.  
shall perform \_\_\_\_\_ its operations  
in the state(s) of \_\_\_\_\_ UTAH

Co. Ltr.	Type of Insurance	Policy Number	Policy Effective	Policy Expires	Limits of Liability	
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> Commercial General Liability <input type="checkbox"/> Claims Made <input checked="" type="checkbox"/> Occurrence Includes: Premises Operations Independent Contractors Products Completed Operations (extending 1 year after completion of operations) Personal Injury (with employee exclusion deleted) Broad Form Contractual Broad Form Property Damage <input checked="" type="checkbox"/> Explosion, Collapse & Underground Hazards (XCU) <input type="checkbox"/> Blowout & Cratering <input type="checkbox"/> Underground Resources & Equipment <input type="checkbox"/> Pollution Liability (Sudden & Accidental/Gradual) <input type="checkbox"/> Other: _____	A98AG04188	1/01/98	1/01/99	Each Occurrence General Aggregate Products/Completed Ops Aggregate Personal & Adv. Injury Fire Damage (Any one fire) Medical Exp. (Any one person)  Self Insured Retention/Deductible  Sublimits (if applicable):	\$ 1,000,000 \$ 1,000,000 \$ 1,000,000 \$ 1,000,000 \$ _____ \$ _____ \$ _____ \$ _____ \$ _____
A	<input checked="" type="checkbox"/> Professional Liability/Errors & Omissions, Including Contractual	A98AG04188	1/01/98	1/01/99	Each Occurrence \$ 1,000,000	Aggregate \$ 1,000,000
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> Any Auto <input type="checkbox"/> All Owned Autos <input type="checkbox"/> Scheduled Autos <input checked="" type="checkbox"/> Hired Autos <input checked="" type="checkbox"/> Non-Owned Autos <input type="checkbox"/> Pollution Liability (Sudden & Accidental)	A98AG04188	1/01/98	1/01/99	Combined Single Limit Bodily Injury (Per Person) Bodily Injury (Per Accident) Property Damage	\$ 1,000,000 \$ _____ \$ _____ \$ _____
	<input type="checkbox"/> EXCESS LIABILITY <input type="checkbox"/> Umbrella Form				Each Occurrence \$ _____	Aggregate \$ _____
B	<b>WORKERS' COMPENSATION</b> <input checked="" type="checkbox"/> Standard Workers' Compensation <input checked="" type="checkbox"/> Employers' Liability <input type="checkbox"/> Voluntary Compensation <input type="checkbox"/> Employers' Liability Stop-Gap <input type="checkbox"/> Endorsement <input type="checkbox"/> Other: _____	WLRC42091479	1/01/98	1/01/99	STATUTORY \$ 1,000,000 \$ 1,000,000 \$ 1,000,000	Each Occurrence (Deductible - Policy Limit) (Deductible - Each Employee)
C	<b>OTHER - Employee Dishonesty - Third Party/Clients Fidelity Coverage</b>	4869608	1/01/98	1/01/99	\$ 1,000,000	

**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/RESTRICTIONS/SPECIAL ITEMS**

Any and All Operations Performed by the Insured on behalf of the Questar Entities at the General Office Building located at 180 East 100 South, Salt Lake City, Utah

Limits of liability required above may be satisfied with a combination of primary and excess liability policies.

- (A) Each policy cited above contains a provision that the policy shall not be cancelled or materially changed without thirty (30) days' prior written notice to Corporation and Questar GO Holding Corporation.
- (B) Contractual obligations contained in the agreement mentioned above are covered under the Contractual Liability insurance cited above subject to all conditions, limitations and other provisions of the policy except with respect to Workers' Compensation.
- (C) The right of subrogation against Questar Corporation, Questar GO Holding Corporation, any of their subsidiaries and/or affiliated companies and any directors, officers, agents and/or employees of such Companies is waived in each of the policies listed above.
- (D) Questar Corporation and Questar GO Holding Corporation, including all of the directors, officers, agents and employees acting on their behalf, are additional insureds on each of the policies listed above, except Workers' Compensation, but, only with respect to the work being performed by the Insured Questar General Office Building located at 180 East 100 South, Salt Lake City, Utah.
- (E) The insurance afforded to Questar Corporation and Questar GO Holding Corporation as additional insureds is primary coverage and applies to the full limits prior to any other insurance coverages, including any applicable self-insured retentions or deductibles which Questar Corporation, Questar GO Holding Corporation, their subsidiaries and/or affiliated companies, if applicable, may have in the event of a claim made against any of the policies listed above.

Upon written request by Questar Corporation or Questar GO Holding Corporation, the Insured will furnish a copy of any policy cited above, certified by the Insured to be a true and complete copy of the original.

*Steven G. Handley*  
Authorized Representative

SG000052

12/29/97

Tab F

Diversified Insurance Brokers  
136 E. South Temple, #2300  
Salt Lake City, UT 84111

Susan Q. Bird, CPCU, ARM  
Phone (801) 325-5013  
Fax (801) 532-2804

# Fax

DFIs' 36-04 36-4 CLS

Mark Marshall

To: Ryan Jensen From: Sue Q. Bird

---

Fax: 483-4291 Pages: 4

---

Date: November 27, 2000

---

Re: Volt Services

---

☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply

---

Ryan,

Here is the revised Certificate of Insurance and Endorsements for Volt & Invitrogen. I have requested the Loss Payee Endorsement to be added on the Employee Dishonesty policy. As soon as we receive it I will forward it on to Volt.

Sue

36-1

SS001283

SS001284

NOV-27-00 09:49 FROM:

ID:801537 04

PAGE 2/4

**ACORD CERTIFICATE OF LIABILITY INSURANCE**OP ID SB  
SOSSTAFDATE (MM/YY)  
11/22/00

PRODUCER  
Diversified Insurance Brokers  
of Utah  
100 E. South Temple, Ste 2300  
Salt Lake City UT 84111  
Phone: 801-325-5000 Fax: 801-532-2804

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.

## INSURERS AFFORDING COVERAGE

INSURED  
SOS STAFFING SERVICES, INC.  
INTELIANT CORPORATION  
SKILL STAFF  
& ALL ASSUMED BUSINESS NAMES  
1415 SOUTH MAIN STREET  
SALT LAKE CITY UT 84115

INSURER A: ADMIRAL INSURANCE COMPANY  
INSURER B: FEDERAL INSURANCE COMPANY  
INSURER C: AGRICULTURAL EXCESS & SURPLUS  
INSURER D: ACE USA  
INSURER E: TRAVELERS PROPERTY & CASUALTY

## 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 LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	A00AG07898	01/01/00	01/01/01	EACH OCCURRENCE \$ 1,000,000.
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any one fire) \$
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$
	<input checked="" type="checkbox"/> E&O LIABILITY				PERSONAL & ADV INJURY \$ 1,000,000.
A	<input checked="" type="checkbox"/> CONTRACTUAL LIAB	A00AG07898	01/01/00	01/01/01	GENERAL AGGREGATE \$ 3,000,000.
	GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMP/OP AGG \$ 1,000,000.
	<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC				
B	AUTOMOBILE LIABILITY	73507500	09/01/00	01/01/01	COMBINED SINGLE LIMIT (Ex accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS				
	<input checked="" type="checkbox"/> NON-OWNED AUTOS				
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC \$
					AUTO ONLY: AGG \$
C	EXCESS LIABILITY	UM60004144-03	01/01/00	01/01/01	EACH OCCURRENCE \$ 5,000,000.
	<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$ 5,000,000.
	<input type="checkbox"/> DEDUCTIBLE				\$
	<input checked="" type="checkbox"/> RETENTION \$ 10,000				\$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	WLR C4 264809-7 WLR C4 264808-5	01/01/00 01/01/00	01/01/01 01/01/01	<input checked="" type="checkbox"/> WC STATU. TORY LIMITS <input type="checkbox"/> OTHER \$
					\$1 EACH ACCIDENT \$ 1,000,000.
					E.L. DISEASE - EA EMPLOYEE \$ 1,000,000.
					E.L. DISEASE - POLICY LIMIT \$ 1,000,000.
E	OTHER CRIME COVERAGE	19BY103434491BCM	10/01/00	01/01/02	\$5,000,000.

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

VOLT SERVICES GROUP AND INVITROGEN CORP ARE INCLUDED AS ADDITIONAL INSURED  
ON GENERAL & AUTO LIABILITY POLICIES. WORKERS COMPENSATION POLICY INCLUDES  
WAIVER OF SUBROGATION IN FAVOR OF VOLT & INVITROGEN. EMPLOYEE DISHONESTY  
POLICY INCLUDES VOLT & INVITROGEN AS LOSS PAYEES.

CERTIFICATE HOLDER

Y

ADDITIONAL INSURED; INSURER LETTER:

CANCELLATION

VOLT SER

VOLT SERVICES GROUP  
ATTN: DOROTHY SMEE  
2401 N. GLASSELL ST.  
ORANGE CA 92865

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE  
EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL  
30 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.

STEVEN G. HANDLE

Steven G. Handle

ACORD CORPORATION 1988

ORD 25-S (7/97)

SS001284

Policy Number: A00AG07898

AD 66 02 01 95

Number: 09

Effective Date: 01/01/2000

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.****ADDITIONAL INSURED  
(BLANKET)**

This endorsement modifies insurance provided under the following

**COMMERCIAL GENERAL LIABILITY COVERAGE PART  
OWNERS AND CONTRACTORS PROTECTIVE LIABILITY COVERAGE PART  
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART**

WHO IS AN INSURED (Section II) is amended to include as an insured: any person, organization, trustee, estate or Governmental entity to whom or to which you are obligated, by virtue of a written contract or by the issuance or existence of a permit, to provide insurance such as is afforded by this policy, but only with respect to operations performed by you or on your behalf or to facilities used by you and then only for the limits of liability specified in such contract, but in no event for limits of liability in excess of the applicable limits of liability of this policy; provided that such person, organization, trustee, estate or Governmental entity shall be an Insured only with respect to occurrences taking place after such written contract has been executed or such permit has been issued.

36-3

1571

**WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT**

Named Insured <b>SOS STAFFING SERVICES, INC.</b>			Endorsement Number
Policy Symbol <b>WLR</b>	Policy Number <b>C42648085</b>	Policy Period <b>01-01-2000 TO 01-01-2001</b>	Effective Date of Endorsement <b>01-01-2000</b>
Issued By (Name of Insurance Company) <b>PACIFIC EMPLOYERS INSURANCE COMPANY</b>			Inception Hour for Coverage <b>12:01 AM</b>

Insert the policy number. The remainder of the information is to be completed only when this endorsement is issued subsequent to the preparation of the policy.

**Workers' Compensation and Employers' Liability Policy**

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

This agreement shall not operate directly or indirectly to benefit any one not named in the Schedule.

**Schedule**

ANY PERSON OR ORGANIZATION AGAINST WHOM YOU HAVE AGREED TO WAIVE YOUR RIGHT OF RECOVERY IN A WRITTEN CONTRACT PROVIDED SUCH CONTRACT WAS EXECUTED PRIOR TO THE DATE OF LOSS.

36-4

ACORD

## CERTIFICATE OF LIABILITY INSURANCE

CSR CM  
SOSSTAFDATE (MM/DD/YY)  
06/20/01

PRODUCER  
Diversified Insurance Brokers  
of Utah  
36 E. South Temple, Ste 2300  
Salt Lake City UT 84111  
Phone: 801-325-5000 Fax: 801-532-2804

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.

## INSURERS AFFORDING COVERAGE

SOS Staffing Services, Inc.  
Intelligent Corporation  
& All Assumed Business Names  
1415 South Main Street  
Salt Lake City UT 84115

INSURER A: Admiral Insurance Company  
INSURER B: Federal Insurance Company  
INSURER C: Agricultural Excess & Surplus  
INSURER D: ACE USA  
INSURER E: Travelers Insurance

## 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.

TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
GENERAL LIABILITY				EACH OCCURRENCE	\$ 1,000,000.
<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	A01AG07898	01/01/01	01/01/02	FIRE DAMAGE (Any one fire)	\$
<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$
<input checked="" type="checkbox"/> Professional Liab	A01AG07898	01/01/01	01/01/02	PERSONAL & ADV INJURY	\$ 1,000,000.
				GENERAL AGGREGATE	\$ 3,000,000.
GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COM/PROP AGG	\$ 1,000,000.
<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC					
AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
<input checked="" type="checkbox"/> ANY AUTO	73507500	01/01/01	01/01/02	BODILY INJURY (Per person)	\$
<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$
<input checked="" type="checkbox"/> HIRED AUTOS					
<input checked="" type="checkbox"/> NON-OWNED AUTOS					
AGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC	\$
				AUTO ONLY: AGG	\$
EXCESS LIABILITY				EACH OCCURRENCE	\$ 5,000,000.
<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE	UM60004144-04	01/01/01	01/01/02	AGGREGATE	\$ 5,000,000.
<input type="checkbox"/> DEDUCTIBLE					\$
<input checked="" type="checkbox"/> RETENTION \$ 10,000					\$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER	
WLR C4 313662-8		01/01/01	01/01/02	E.L. EACH ACCIDENT	\$ 1,000,000.
WLR C4 313627-6		01/01/01	01/01/02	E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000.
				E.L. DISEASE - POLICY LIMIT	\$ 1,000,000.
OTHER					
CRIME COVERAGE	056 BY 103434491 BCM	10/01/00	01/01/02		\$5,000,000.

## DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

Certificate Holder & Bergen Brunswig are listed as Additional Insureds on the General Liability & Auto Liability policies. A Waiver of Subrogation is added on the Work Comp policy in favor of Volt & Bergen Brunswig. The Employee Dishonesty policy includes Volt & Bergen Brunswig as Loss Payees.

DIB 411

CERTIFICATE HOLDER Y ADDITIONAL INSURED, INSURER LETTER: CANCELLATION

VOLSERV

Volt Services Group  
2401 No. Glassell Street  
Orange CA 92865

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 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

Steven G. *Steven G. Handley*

# ACORD CERTIFICATE OF LIABILITY INSURANCE

BSR CM  
SOSSTAF

DATE (MM/DD/YY)  
08/03/01

PRODUCER  
Verified Insurance Brokers  
Utah  
South Temple, Ste 2300  
Lake City UT 84111  
Phone: 801-325-5000 Fax: 801-532-2804

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.

## INSURERS AFFORDING COVERAGE

INSURED  
SOS Staffing Services, Inc.  
Intelliant Corporation  
& All Assumed Business Names  
1415 South Main Street  
Salt Lake City UT 84115

INSURER A: Admiral Insurance Company  
INSURER B: Federal Insurance Company  
INSURER C: Agricultural Excess & Surplus  
INSURER D: ACE USA  
INSURER E: Travelers Insurance

## 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.

TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
GENERAL LIABILITY				EACH OCCURRENCE \$ 1,000,000.
<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	A01AG07898	01/01/01	01/01/02	FIRE DAMAGE (Any one fire) \$
<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$
<input checked="" type="checkbox"/> Professional Liab	A01AG07898	01/01/01	01/01/02	PERSONAL & ADV INJURY \$ 1,000,000.
				GENERAL AGGREGATE \$ 3,000,000.
GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMP/OP AGG \$ 1,000,000.
<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				
AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
<input checked="" type="checkbox"/> ANY AUTO	73507500	01/01/01	01/01/02	BODILY INJURY (Per person) \$
<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$
<input checked="" type="checkbox"/> HIRED AUTOS				
<input checked="" type="checkbox"/> NON-OWNED AUTOS				
GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY: EA ACC \$
				AGG \$
EXCESS LIABILITY				EACH OCCURRENCE \$ 5,000,000.
<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE	UM60004144-04	01/01/01	01/01/02	AGGREGATE \$ 5,000,000.
<input type="checkbox"/> DEDUCTIBLE				\$
<input checked="" type="checkbox"/> RETENTION \$10,000				\$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTHER
	WLR C4 313662-8	01/01/01	01/01/02	E.L. EACH ACCIDENT \$ 1,000,000.
	WLR C4 313627-6	01/01/01	01/01/02	E.L. DISEASE - EA EMPLOYEE \$ 1,000,000.
				E.L. DISEASE - POLICY LIMIT \$ 1,000,000.
OTHER				
CRIME COVERAGE	056 BY 103434491 BCM	10/01/00	01/01/02	\$5,000,000.

## DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

ert Holder, Chimes, Hewlett Packard, their officers and directors are listed as additional insureds on the Gen Liability and Auto Liability policy, but only as respects to work performed by the named insured's employees. A Waiver of Subrogation applies on Gen Liab and Work Comp. An alternate Employer endorsement applies on the workers Comp.

DIB 414

CERTIFICATE HOLDER ☒ Y ADDITIONAL INSURED; INSURER LETTER: CANCELLATION

VOLTSER

Volt Services Group, A div of  
Volt Management Corp  
Attn: Contracts Dept.  
2401 Glassell Street  
Orange CA 92865

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 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.

Steven G. Handley, CIC



# ACORD CERTIFICATE OF LIABILITY INSURANCE

**Insured:**  
 Diversified Insurance Brokers  
 Utah  
 South Temple, Ste 2300  
 Salt Lake City UT 84111  
 Phone: 801-325-5000 Fax: 801-532-2804  
**RED**  
 SOS Staffing Services, Inc.  
 Intelliant Corporation  
 & All Assumed Business Names  
 1415 South Main Street  
 Salt Lake City UT 84115

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.  
**INSURERS AFFORDING COVERAGE**  
 INSURER A: Admiral Insurance Company  
 INSURER B: Federal Insurance Company  
 INSURER C: Great American E & S  
 INSURER D: ACE USA  
 INSURER E: Travelers Insurance

## VERAGES

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.

TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Professional Liab GEN'L AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	A01AG07898	01/01/01	01/01/02	EACH OCCURRENCE \$1,000,000. FIRE DAMAGE (Any one fire) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$1,000,000. GENERAL AGGREGATE \$3,000,000. PRODUCTS - COMP/OP AGG \$1,000,000.
<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	73507500	01/01/01	01/01/02	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY AGG \$
<b>EXCESS LIABILITY</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$10,000	UM60004144-04	01/01/01	01/01/02	EACH OCCURRENCE \$5,000,000. AGGREGATE \$5,000,000. \$ \$
<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>	WLR C4 313662-8 WLR C4 313627-6	01/01/01 01/01/01	01/01/02 01/01/02	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER EL EACH ACCIDENT \$1,000,000. EL DISEASE - EA EMPLOYEE \$1,000,000. EL DISEASE - POLICY LIMIT \$1,000,000.
<b>OTHER</b> CRIME COVERAGE	056 BY 103434491 BCM	10/01/00	01/01/02	\$5,000,000.

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS  
 Certificate Holder, Chimes, Hewlett Packard, their officers and directors are listed as additional insureds on the General Liability and Auto liability policy, but only as respects to work performed by the named insured's employees. (see notepad for additional comments)

DIB 412

<b>CERTIFICATE HOLDER</b> Volt Services Group, A div of Volt Management Corp Attn: Contracts Dept. 2401 Glassell Street Orange CA 92865	<b>Y</b> ADDITIONAL INSURED; INSURER LETTER: <u>          </u>	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</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 Steven G. Handley, CIC
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**AD:**

INSURED'S NAME

J Staffing Services, Inc.

SOSSTAF

PAGE 2

JR CM

DATE 09/25/01

of subrogation is included on the General Liability and Workers'  
An Alternate Employer endorsement is added on the Workers' Comp.  
and Hewlett Packard are listed as Loss Payees as respects to the  
Dishonesty coverage

JAN-22-2003 18 48

FROM-

SS002499

T-8

002

F-001

## ACORD CERTIFICATE OF LIABILITY INSURANCE

09/25/01

<b>PRODUCER</b> Diversified Insurance Brokers of Utah 136 E. South Temple, Ste 2300 Salt Lake City UT 84111 Phone: 801-325-5000 Fax: 801-532-2804	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.
<b>INSURED</b> SOS Staffing Services, Inc. Intelligent Corporation c All Assumed Business Names 1415 South Main Street Salt Lake City UT 84115	<b>INSURERS AFFORDING COVERAGE</b> INSURER A: Admiral Insurance Company INSURER B: Federal Insurance Company INSURER C: Great American E & S INSURER D: ACE USA INSURER E: Travelers Insurance

## 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.

INSURANCE TYPE	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	A01AG07898	01/01/01	01/01/02	EACH OCCURRENCE \$1,000,000. FIRE DAMAGE (Any one loss) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$1,000,000. GENERAL AGGREGATE \$3,000,000. PRODUCTS - COMP/OP AGG \$1,000,000
A	Professional Liab GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO <input type="checkbox"/> LOC	A01AG07898	01/01/01	01/01/02	
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	73507500	01/01/01	01/01/02	COMBINED SINGLE LIMIT (Per 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 AUTO DMG: EA ACC \$ AGG \$
C	EXCESS LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$10,000	UM60004144-04	01/01/01	01/01/02	EACH OCCURRENCE \$5,000,000. AGGREGATE \$5,000,000. \$ \$ \$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	WLR C4 313662-8 WLR C4 313627-6	01/01/01 01/01/01	01/01/02 01/01/02	EL EACH ACCIDENT \$1,000,000. EL DISEASE - EA EMPLOYEE \$1,000,000 EL DISEASE POLICY LIMIT \$1,000,000.
E	CRIME COVERAGE	056 BX 103434491 BCM	10/01/00	01/01/02	\$5,000,000.

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENTS/SPECIAL PROVISIONS  
 Certificate Holder, Chimes, Hewlett Packard, their officers and directors are listed as additional insureds on the General Liability and Auto Liability policy, but only as respects to work performed by the named insured's employees. (see notepad for additional comments)

CERTIFICATE HOLDER	<input checked="" type="checkbox"/> ADDITIONAL INSURED; INSURER LETTER: _____	CANCELLATION
Volt Services Group, A div of Volt Management Corp Attn: Contracts Dept. 2401 Glassell Street Orange, CA 92865		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 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 Steven G. Handley, CIC

ACORD 25-S (7/87)

© ACORD CORPORATION 1988

40-3

SS002499

SS002500

JAN-22-2003 18.48

FROM-

T-85 003

F-001

NOTES.

INSURED'S... SOS Staffing Services, Inc.

CSR C.

DATE 09/25/01

A waiver of subrogation is included on the General Liability and Workers' Comp. An Alternate Employer endorsement is added on the Workers' Comp. Volt and Hewlett Packard are listed as Loss Payees as respects to the Employee Dishonesty coverage.

40-4

SS002500

<b>ACORD CERTIFICATE OF LIABILITY INSURANCE</b> OPER ID CM SOSSTAF DATE (MM/DD/YY) 03/14/01	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.
DUCER versified Insurance Brokers Utah South Temple, Ste 2300 Lake City UT 84111 one: 801-325-5000 Fax: 801-532-2804	INSURERS AFFORDING COVERAGE
RED SOS Staffing Services, Inc. Inteliant Corporation & All Assumed Business Names 1415 South Main Street Salt Lake City UT 84115	INSURER A: Admiral Insurance Company INSURER B: Federal Insurance Company INSURER C: Agricultural Excess & Surplus INSURER D: ACE USA INSURER E: Travelers Insurance

**TERMS**

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.

TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
GENERAL LIABILITY				EACH OCCURRENCE \$ 1,000,000.
<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	A01AG07898	01/01/01	01/01/02	FIRE DAMAGE (Any one fire) \$
<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$
<input checked="" type="checkbox"/> Professional Liab	A01AG07898	01/01/01	01/01/02	PERSONAL & ADV INJURY \$ 1,000,000.
				GENERAL AGGREGATE \$ 3,000,000.
				PRODUCTS - COMP/OP AGG \$ 1,000,000.
GEN'L AGGREGATE LIMIT APPLIES PER:				
<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				
AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
<input checked="" type="checkbox"/> ANY AUTO	73507500	01/01/01	01/01/02	BODILY INJURY (Per person) \$
<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$
<input checked="" type="checkbox"/> HIRED AUTOS				
<input checked="" type="checkbox"/> NON-OWNED AUTOS				
GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC \$
				AUTO ONLY: AGG \$
EXCESS LIABILITY				EACH OCCURRENCE \$ 5,000,000.
<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE	UM60004144-04	01/01/01	01/01/02	AGGREGATE \$ 5,000,000.
<input type="checkbox"/> DEDUCTIBLE				\$
<input checked="" type="checkbox"/> RETENTION \$ 10,000				\$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTHER
	WLR C4 313662-8	01/01/01	01/01/02	E.L. EACH ACCIDENT \$ 1,000,000.
	WLR C4 313627-6	01/01/01	01/01/02	E.L. DISEASE - EA EMPLOYEE \$ 1,000,000.
				E.L. DISEASE - POLICY LIMIT \$ 1,000,000.
OTHER				
CRIME COVERAGE	056 BY 103434491 BCM	10/01/00	01/01/02	\$5,000,000.

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

THE CERTIFICATE HOLDER, ITS AGENTS, EMPLOYEES, DIRECTORS, OFFICERS AND SHAREHOLDERS ARE COVERED AS ADD'L INSURED PER BLNK ADD'L INSURED ENDT ON GENERAL AND AUTOMOBILE LIABILITY POLICY ONLY AS RESPECT WORK PERFORMED BY NAMED INSURED'S EMPLOYEES. WAIVER OF SUBROGATION APPLIES ON WORKERS COMPENSATION POLICY.

**DIB 474**

CERTIFICATE HOLDER	N	ADDITIONAL INSURED; INSURER LETTER:	CANCELLATION
		AMFENCE	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 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.
		American Fence and Security Company, Inc. and its subsidiary companies P.O. Box 19040 Phoenix AZ 85005	Steven G. Handley

# ACORD CERTIFICATE OF LIABILITY INSURANCE

<b>PRODUCER</b> Diversified Insurance Brokers Utah 600 South Temple, Ste 2300 Salt Lake City UT 84111 Tel: 801-325-5000 Fax: 801-532-2804		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.	
<b>INSURED</b> SOS Staffing Services, Inc. Inteliant Corporation & All Assumed Business Names 1415 South Main Street Salt Lake City UT 84115		<b>INSURERS AFFORDING COVERAGE</b>	
		INSURER A: Admiral Insurance Company INSURER B: Federal Insurance Company INSURER C: Agricultural Excess & Surplus INSURER D: ACE USA INSURER E: Travelers Insurance	

**VERAGES**

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 ANY 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	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Professional Liab	A01AG07898	01/01/01	01/01/02	EACH OCCURRENCE \$ 1,000,000. FIRE DAMAGE (Any one fire) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1,000,000. GENERAL AGGREGATE \$ 3,000,000. PRODUCTS - COMP/OP AGG \$ 1,000,000.
<b>GEN'L AGGREGATE LIMIT APPLIES PER:</b> <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				
<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	73507500 <i>Dfts: 42</i> <i>33004</i> <i>Mark Marshall</i>	01/01/01	01/01/02	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
<b>EXCESS LIABILITY</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 10,000	UM60004144-04	01/01/01	01/01/02	EACH OCCURRENCE \$ 5,000,000. AGGREGATE \$ 5,000,000. \$ \$ \$
<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>	WLR C4 313662-8 WLR C4 313627-6	01/01/01 01/01/01	01/01/02 01/01/02	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000. E.L. DISEASE - EA EMPLOYEE \$ 1,000,000. E.L. DISEASE - POLICY LIMIT \$ 1,000,000.
<b>OTHER</b> CRIME COVERAGE	056 BY 103434491 BCM	10/01/00	01/01/02	\$5,000,000.

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

Part Holder and GE Capital Commercial Equipment Finance are included as additional insureds on the General Liability and Auto Liability as respects work performed by named insured's employees. The worker's compensation policy includes an alternate employer endorsement.

**DIB 458**

<b>CERTIFICATE HOLDER</b> Kelly Services, Inc. Attn: Nneka Cheeks Fax 248-244-4146 999 W. Big Beaver Troy MI 48084	<b>ADDITIONAL INSURED; INSURER LETTER:</b> KELLYSE	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL endeavor to MAIL 30 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.
		Steven G. Handley

QUESTAR PURCHASING  
CERTIFICATE OF INSURANCE

Questar Energy Services, Inc.  
P. O. Box 45360  
90 South 1000 West  
Salt Lake City, Utah 84145-0360

Exhibit/Attachment "C" to the Agreement to Provide Services  
dated January 2, 1998 between Questar Energy Services, Inc. \*  
and SOS Staffing Services, Inc.  
\*Questar Regulated Services Company

ATTENTION: Sheron M. Peterson - M/S OC722

INSURER:

Diversified Insurance Brokers  
136 East South Temple, Suite 2300  
Salt Lake City, UT 84111

Contact: Steven. G. Handley  
Telephone No: 801-325-5000 Fax No: 801-532-2804

INSURED:  
SOS STAFFING SERVICES, INC.

## COMPANIES AFFORDING COVERAGE

BEST'S KEY  
RATING

Company Letter A	Admiral Insurance Company	
Company Letter B	Federal Insurance Company	
Company Letter C	Great American E & S	
Company Letter D	ACE USA	
	Company E	
	Travelers	

The insuring company is aware that  
SOS Staffing Services, Inc.  
shall perform its operations  
in the state(s) of Utah, Wyoming, Idaho and Colorado

Co. Ltr.	Type of Insurance	Policy Number	Policy Effective	Policy Expires	Limits of Liability
	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> Commercial General Liability <input type="checkbox"/> Claims Made <input checked="" type="checkbox"/> Occurrence Includes: Premises Operations Independent Contractors Products Completed Operations (extending 1 year after completion of operations) Personal Injury (with employee exclusion deleted) Broad Form Contractual Broad Form Property Damage <input checked="" type="checkbox"/> Explosion, Collapse & Underground Hazards (XCU) <input type="checkbox"/> Blowout & Cratering <input type="checkbox"/> Underground Resources & Equipment <input type="checkbox"/> Pollution Liability (Sudden & Accidental/Gradual) <input type="checkbox"/> Other:	A01AG07898	01/01/01	01/01/02	Each Occurrence \$ 1,000,000 General Aggregate \$ 1,000,000 Products/Completed Ops Aggregate \$ 1,000,000 Personal & Adv. Injury \$ 1,000,000 Fire Damage (Any one fire) \$ Medical Exp. (Any one person) \$ Self Insured Retention/Deductible \$ Sublimits (if applicable): \$ \$ \$ \$
	<input checked="" type="checkbox"/> Professional Liability/Errors & Omissions, Including Contractual	A01AG07898	01/01/01	01/01/02	Each Occurrence \$ 1,000,000 Aggregate \$ 1,000,000
3	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> Any Auto <input type="checkbox"/> All Owned Autos <input type="checkbox"/> Scheduled Autos <input checked="" type="checkbox"/> Hired Autos <input checked="" type="checkbox"/> Non-Owned Autos <input type="checkbox"/> Pollution Liability (Sudden & Accidental)	73507500	01/01/01	01/01/02	Combined Single Limit \$ 1,000,000 Bodily Injury (Per Person) \$ Bodily Injury (Per Accident) \$ Property Damage \$
3	<input type="checkbox"/> EXCESS LIABILITY <input checked="" type="checkbox"/> Umbrella Form	60004144-04	01/01/01	01/01/02	Each Occurrence \$ 5,000,000 Aggregate \$ 5,000,000
3	<b>WORKERS' COMPENSATION</b> <input checked="" type="checkbox"/> Standard Workers' Compensation <input checked="" type="checkbox"/> Employers' Liability <input type="checkbox"/> Voluntary Compensation <input checked="" type="checkbox"/> Employers' Liability Stop-Gap Endorsement <input type="checkbox"/> Other:	WLR C4 3136628	01/01/01	01/01/02	STATUTORY \$ 1,000,000 Each Accident \$ 1,000,000 (Disease - Policy Limit) \$ 1,000,000 (Disease - Each Employee)
3	<b>OTHER - Employee Dishonesty - Third Party/Clients Fidelity Coverage</b>	103434491BCM	10/01/00	1/01/02	\$ 1,000,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/RESTRICTIONS/SPECIAL ITEMS  
any and All Operations Performed by the Insured for Questar Regulated Services Company, as Agent, on Behalf of Questar Energy Services, Inc.

its of liability required above may be satisfied with a combination of primary and excess liability policies.

Each policy cited above contains a provision that the policy shall not be cancelled or materially changed without thirty (30) days' prior written notice to Questar Energy Services, Inc.

Contractual obligations contained in the agreement mentioned above are covered under the Contractual Liability insurance cited above subject to all terms and conditions, limitations and other provisions of the policy except with respect to Workers' Compensation.

The right of subrogation against Questar Energy Services, Inc., its parent companies or any of its subsidiaries and/or affiliated companies and any of the directors, officers, agents and/or employees of such Companies is waived in each of the policies listed above.

Questar Energy Services, Inc., including all of its directors, officers, agents and employees acting on its behalf, is listed as an additional insured on each of the policies listed above, except Workers' Compensation, but, only with respect to the work being performed by the Insured on behalf of Questar Energy Services, Inc.

Insurance afforded to Questar Energy Services, Inc., as an additional insured is primary coverage and applies to the full policy limits prior to any other insurance coverages, including any applicable self-insured retentions or deductibles which Questar Energy Services, Inc., its parent companies or any of its subsidiaries and/or affiliated companies, if applicable, may have in the event of a claim made against any of the policies listed above.

On written request by Questar Energy Services, Inc., the Insured will furnish a copy of any policy cited above, certified by the Insurance Company to be a true and complete copy of the original.

Steven G. Handley

11/1/01

DIB 500

# ACORD CERTIFICATE OF LIABILITY INSURANCE

PRODUCER  
 Diversified Insurance Brokers  
 100 South Temple, Ste 2300  
 Lake City UT 84111  
 Phone: 801-325-5000 Fax: 801-532-2804  
 INSURED  
 SOS Staffing Services, Inc.  
 Inteliant Corporation  
 & All Assumed Business Names  
 1415 South Main Street  
 Salt Lake City UT 84115

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.

INSURERS AFFORDING COVERAGE	
INSURER A:	Admiral Insurance Company
INSURER B:	Federal Insurance Company
INSURER C:	Agricultural Excess & Surplus
INSURER D:	ACE USA
INSURER E:	Travelers Insurance

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.

TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
GENERAL LIABILITY				EACH OCCURRENCE \$ 1,000,000.
<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	A01AG07898	01/01/01	01/01/02	FIRE DAMAGE (Any one fire) \$
<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$
<input checked="" type="checkbox"/> Professional Liab	A01AG07898	01/01/01	01/01/02	PERSONAL & ADV INJURY \$ 1,000,000.
				GENERAL AGGREGATE \$ 3,000,000.
GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMP/OP AGG \$ 1,000,000.
<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				
AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000.
<input checked="" type="checkbox"/> ANY AUTO	73507500	01/01/01	01/01/02	BODILY INJURY (Per person) \$
<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$
<input checked="" type="checkbox"/> HIRED AUTOS				
<input type="checkbox"/> NON-OWNED AUTOS				
GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC \$
				AUTO ONLY: AGG \$
EXCESS LIABILITY				EACH OCCURRENCE \$ 5,000,000.
<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE	UM60004144-04	01/01/01	01/01/02	AGGREGATE \$ 5,000,000.
<input type="checkbox"/> DEDUCTIBLE				\$
<input checked="" type="checkbox"/> RETENTION \$ 10,000				\$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER
WLR C4 313662-8		01/01/01	01/01/02	E.L. EACH ACCIDENT \$ 1,000,000.
WLR C4 313627-6		01/01/01	01/01/02	E.L. DISEASE - EA EMPLOYEE \$ 1,000,000.
				E.L. DISEASE - POLICY LIMIT \$ 1,000,000.
OTHER				
CRIME COVERAGE	056 BY 103434491 BCM	10/01/00	01/01/02	\$5,000,000.

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS  
 Certificate Holder is listed as an Additional Insured per Blkt Additional Insured Endt, but only as respects to work performed by the named insured's employees.

Fax 1-619-686-5205 DIB 420

CERTIFICATE HOLDER	Y ADDITIONAL INSURED; INSURER LETTER:	CANCELLATION
CUMCALP		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 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.
Cummins Cal Pacific Attn: Steve Gallant 310 North Johnson Avenue El Cajon CA 92020		Steven G. <i>Steven G. Handley</i> (341-1)



<b>ACORD CERTIFICATE OF LIABILITY INSURANCE</b>		CSR CM SOSSTAF	DATE (MM/DD/YY) 07/02/01
UCER ersified Insurance Brokers Utah South Temple, Ste 2300 Lake City UT 84111 Phone: 801-325-5000 Fax: 801-532-2804		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.	
RED SOS Staffing Services, Inc. Inteliant Corporation & All Assumed Business Names 1415 South Main Street Salt Lake City UT 84115		INSURERS AFFORDING COVERAGE	
		INSURER A: Admiral Insurance Company	
		INSURER B: Federal Insurance Company	
		INSURER C: Agricultural Excess & Surplus	
		INSURER D: ACE USA	
		INSURER E: Travelers Insurance	

**TERMS**

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.

TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
GENERAL LIABILITY				EACH OCCURRENCE \$ 1,000,000.
<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	A01AG07898	01/01/01	01/01/02	FIRE DAMAGE (Any one fire) \$
<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$
<input checked="" type="checkbox"/> Professional Liab	A01AG07898	01/01/01	01/01/02	PERSONAL & ADV INJURY \$ 1,000,000.
				GENERAL AGGREGATE \$ 3,000,000.
				PRODUCTS - COMP/OP AGG \$ 1,000,000.
GEN'L AGGREGATE LIMIT APPLIES PER:				
<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				
AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000.
<input checked="" type="checkbox"/> ANY AUTO	73507500	01/01/01	01/01/02	BODILY INJURY (Per person) \$
<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$
<input checked="" type="checkbox"/> HIRED AUTOS				
<input checked="" type="checkbox"/> NON-OWNED AUTOS				
GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC \$
				AUTO ONLY: AGG \$
EXCESS LIABILITY				EACH OCCURRENCE \$ 5,000,000.
<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE	UM60004144-04	01/01/01	01/01/02	AGGREGATE \$ 5,000,000.
<input type="checkbox"/> DEDUCTIBLE				\$
<input checked="" type="checkbox"/> RETENTION \$10,000				\$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER
	WLR C4 313662-8	01/01/01	01/01/02	E.L. EACH ACCIDENT \$ 1,000,000.
	WLR C4 313627-6	01/01/01	01/01/02	E.L. DISEASE - EA EMPLOYEE \$ 1,000,000.
				E.L. DISEASE - POLICY LIMIT \$ 1,000,000.
OTHER				
<input checked="" type="checkbox"/> CRIME COVERAGE	056 BY 103434491 BCM	10/01/00	01/01/02	\$5,000,000.

**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS**

Certificate Holder is listed as an Additional Insured per Blkt Additional Insured Endt, but only as respects to work performed by the named insured's employees.

**DIB 421**

CERTIFICATE HOLDER	Y	ADDITIONAL INSURED; INSURER LETTER:	CANCELLATION
		BCONTRA	
B's Contractor's Attn: Kriss Fax: 520-445-0606 1601 Louis Trail Prescott AZ 86305		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</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.	
		Steven G. <i>Steven G. Handley</i> (Signature)	

# CERTIFICATE OF LIABILITY INSURANCE

BSR CM  
SOSSTAF

DATE (MM/DD/YY)  
07/09/01

ified Insurance Brokers  
th  
South Temple, Ste 2300  
Lake City UT 84111  
e: 801-325-5000 Fax: 801-532-2804

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.

## INSURERS AFFORDING COVERAGE

ED  
SOS Staffing Services, Inc.  
Inteliant Corporation  
& All Assumed Business Names  
1415 South Main Street  
Salt Lake City UT 84115

INSURER A: Admiral Insurance Company  
INSURER B: Federal Insurance Company  
INSURER C: Agricultural Excess & Surplus  
INSURER D: ACE USA  
INSURER E: Travelers Insurance

## 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

TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
GENERAL LIABILITY				EACH OCCURRENCE \$ 1,000,000.
<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	A01AG07898	01/01/01	01/01/02	FIRE DAMAGE (Any one fire) \$
<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$
<input checked="" type="checkbox"/> Professional Liab	A01AG07898	01/01/01	01/01/02	PERSONAL & ADV INJURY \$ 1,000,000.
				GENERAL AGGREGATE \$ 3,000,000.
				PRODUCTS - COMP/OP AGG \$ 1,000,000.
GEN'L AGGREGATE LIMIT APPLIES PER:				
<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				
AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000.
<input checked="" type="checkbox"/> ANY AUTO	73507500	01/01/01	01/01/02	BODILY INJURY (Per person) \$
<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$
<input checked="" type="checkbox"/> HIRED AUTOS				
<input checked="" type="checkbox"/> NON-OWNED AUTOS				
GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC \$
				AUTO ONLY: AGG \$
EXCESS LIABILITY				EACH OCCURRENCE \$ 5,000,000.
<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE	UM60004144-04	01/01/01	01/01/02	AGGREGATE \$ 5,000,000.
<input type="checkbox"/> DEDUCTIBLE				\$
<input checked="" type="checkbox"/> RETENTION \$ 10,000				\$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER
	WLR C4 313662-8	01/01/01	01/01/02	E.L. EACH ACCIDENT \$ 1,000,000.
	WLR C4 313627-6	01/01/01	01/01/02	E.L. DISEASE - EA EMPLOYEE \$ 1,000,000.
				E.L. DISEASE - POLICY LIMIT \$ 1,000,000.
OTHER				
CRIME COVERAGE	056 BY 103434491 BCM	10/01/00	01/01/02	\$5,000,000.

SCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

ertificate Holder and Costco Wholesale are listed as an Additional Insureds  
er Blkt Additional Insured Endt, but only as respects to work performed by  
he named insured's employees.

DIB 422

CERTIFICATE HOLDER	Y	ADDITIONAL INSURED; INSURER LETTER:	CANCELLATION
CLUEDEMO			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 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
Club Demonstration Services, Inc. 4141 Jutland Drive, Ste 300 San Diego CA 92117-7237			Steven G. Handley <i>Handley</i> (313)

CORD 25-S (7/97)

ACORD CORPORATION 1988



## CERTIFICATE OF LIABILITY INSURANCE

CSR CM  
SOSSTAFDATE (MM/DD/YY)  
06/28/01

PER  
ersified Insurance Brokers  
Utah  
South Temple, Ste 2300  
Lake City UT 84111  
a: 801-325-5000 Fax: 801-532-2804

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.

## INSURERS AFFORDING COVERAGE

INSURER A: Admiral Insurance Company  
INSURER B: Federal Insurance Company  
INSURER C: Agricultural Excess & Surplus  
INSURER D: ACE USA  
INSURER E: Travelers Insurance

ED

SOS Staffing Services, Inc.  
Inteliant Corporation  
& All Assumed Business Names  
1415 South Main Street  
Salt Lake City UT 84115

## ERAGES

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  
ANY 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	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
GENERAL LIABILITY				EACH OCCURRENCE	\$ 1,000,000.
<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	A01AG07898	01/01/01	01/01/02	FIRE DAMAGE (Any one fire)	\$
<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$
<input checked="" type="checkbox"/> Professional Liab	A01AG07898	01/01/01	01/01/02	PERSONAL & ADV INJURY	\$ 1,000,000.
				GENERAL AGGREGATE	\$ 3,000,000.
GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMP/OP AGG	\$ 1,000,000.
<input type="checkbox"/> POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC					
AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000.
<input checked="" type="checkbox"/> ANY AUTO	73507500	01/01/01	01/01/02	BODILY INJURY (Per person)	\$
<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$
<input checked="" type="checkbox"/> HIRED AUTOS					
<input checked="" type="checkbox"/> NON-OWNED AUTOS					
GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY: EA ACC	\$
				AGG	\$
EXCESS LIABILITY				EACH OCCURRENCE	\$ 5,000,000.
<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE	UM60004144-04	01/01/01	01/01/02	AGGREGATE	\$ 5,000,000.
<input type="checkbox"/> DEDUCTIBLE					\$
<input checked="" type="checkbox"/> RETENTION \$10,000					\$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				<input checked="" type="checkbox"/> WC STATU- TORY LIMITS <input type="checkbox"/> OTH- ER	
WLR C4 313662-8		01/01/01	01/01/02	E.L. EACH ACCIDENT	\$ 1,000,000.
WLR C4 313627-6		01/01/01	01/01/02	E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000.
				E.L. DISEASE - POLICY LIMIT	\$ 1,000,000.
OTHER					
CRIME COVERAGE	056 BY 103434491 BCM	10/01/00	01/01/02		\$5,000,000.

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

Certificate Holder is listed as an Additional Insured per Blkt Additional  
Insured Endt, but only as respects to work performed by the named insured's  
employees.

DIB 425

CERTIFICATE HOLDER Y ADDITIONAL INSURED, INSURER LETTER. CANCELLATION

COXROCK  
Cox Rock Products  
c/o Western Aggregates  
Attn: Lori Hui  
147 West Election Road  
Draper UT 84020

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE  
EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL  
30 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

Steven G. Handley

# CERTIFICATE OF LIABILITY INSURANCE

CSR CM  
SOSSTAF

DATE (MM/DD/YY)  
06/01/01

Insurance Brokers

South Temple, Ste 2300  
Lake City UT 84111  
801-325-5000 Fax: 801-532-2804

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.

## INSURERS AFFORDING COVERAGE

INSURER A: Admiral Insurance Company  
INSURER B: Federal Insurance Company  
INSURER C: Agricultural Excess & Surplus  
INSURER D: ACE USA  
INSURER E: Travelers Insurance

SOS Staffing Services, Inc.  
Inteliant Corporation  
& All Assumed Business Names  
1415 South Main Street  
Salt Lake City UT 84115

## 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 LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	A01AG07898	01/01/01	01/01/02	EACH OCCURRENCE \$ 1,000,000.
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any one fire) \$
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	A01AG07898	01/01/01	01/01/02	MED EXP (Any one person) \$
	<input checked="" type="checkbox"/> Professional Liab				PERSONAL & ADV INJURY \$ 1,000,000.
	GEN'L AGGREGATE LIMIT APPLIES PER:				GENERAL AGGREGATE \$ 3,000,000.
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				PRODUCTS - COMP/OP AGG \$ 1,000,000.
B	AUTOMOBILE LIABILITY	73507500	01/01/01	01/01/02	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000.
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS				
	<input checked="" type="checkbox"/> NON-OWNED AUTOS				
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC \$
					AUTO ONLY: AGG \$
C	EXCESS LIABILITY	UM60004144-04	01/01/01	01/01/02	EACH OCCURRENCE \$ 5,000,000.
	<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$ 5,000,000.
	<input type="checkbox"/> DEDUCTIBLE				\$
	<input checked="" type="checkbox"/> RETENTION \$ 10,000				\$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	WLR C4 313662-8	01/01/01	01/01/02	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
					E.L. EACH ACCIDENT \$ 1,000,000.
		WLR C4 313627-6	01/01/01	01/01/02	E.L. DISEASE - EA EMPLOYEE \$ 1,000,000.
					E.L. DISEASE - POLICY LIMIT \$ 1,000,000.
E	OTHER CRIME COVERAGE	056 BY 103434491 BCM	10/01/00	01/01/02	\$5,000,000.

### DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

Certificate Holder and United Healthcare Services, Inc. are listed as an Additional Insured per Blkt Additional Insured Endt, as their interests may appear. (Replaces Cert issued on 5/23/01)

**DIB 433**

CERTIFICATE HOLDER ☒ Y ADDITIONAL INSURED; INSURER LETTER: CANCELLATION

CHIMES

Chimes, Inc.  
Attn: Christin Terwilliger  
49 Old Bloomfield Avenue  
Mountain Lakes NJ 07046

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 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

Steven G. Handley

# ACORD CERTIFICATE OF LIABILITY INSURANCE

<b>PRODUCER</b> Diversified Insurance Brokers Utah P.O. Box 2300, Salt Lake City UT 84111 Tel: 801-325-5000 Fax: 801-532-2804		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.	
<b>INSURERS AFFORDING COVERAGE</b>		INSURER A: Admiral Insurance Company INSURER B: Federal Insurance Company INSURER C: Agricultural Excess & Surplus INSURER D: ACE USA INSURER E: Travelers Insurance	

**COVERAGE**

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.

TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Professional Liab <input type="checkbox"/> _____ GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	A01AG07898	01/01/01	01/01/02	EACH OCCURRENCE \$ 1,000,000. FIRE DAMAGE (Any one fire) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1,000,000. GENERAL AGGREGATE \$ 3,000,000. PRODUCTS - COMP/OP AGG \$ 1,000,000.
<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	73507500	01/01/01	01/01/02	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000. BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY - AGG \$
<b>EXCESS LIABILITY</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 10,000	UM60004144-04	01/01/01	01/01/02	EACH OCCURRENCE \$ 5,000,000. AGGREGATE \$ 5,000,000. \$ \$ \$
<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>	WLR C4 313662-8 WLR C4 313627-6	01/01/01 01/01/01	01/01/02 01/01/02	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000. E.L. DISEASE - EA EMPLOYEE \$ 1,000,000. E.L. DISEASE - POLICY LIMIT \$ 1,000,000.
<b>OTHER</b> E CRIME COVERAGE	056 BY 103434491 BCM	10/01/00	01/01/02	\$5,000,000.

**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS**

Certificate Holder is listed as an Additional Insured per Blkt Additional Insured Endt, but only as respects to work performed by the named insured's employees.

DIB 434

<b>CERTIFICATE HOLDER</b> Y ADDITIONAL INSURED; INSURER LETTER: MEAGOLD		<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 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	
Meadow Gold Dairies Attn: D.W. Ascuena 3730 West 1820 South Salt Lake City UT 84104		Steven G. Hendley <i>Steven G. Hendley</i> (316)	

# ACORD CERTIFICATE OF LIABILITY INSURANCE

<b>ACORD</b>		CSR CM SOSSTAF	DATE (MM/DD/YY) 05/30/01
Insured Insurance Brokers Utah South Temple, Ste 2300 Lake City UT 84111 Phone: 801-325-5000 Fax: 801-532-2804		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.	
RED SOS Staffing Services, Inc. Inteliant Corporation And All Assumed Business Names 1415 South Main Street Salt Lake City UT 84115		INSURERS AFFORDING COVERAGE:	
		INSURER A: Admiral Insurance Company	
		INSURER B: Federal Insurance Company	
		INSURER C: Agricultural Excess & Surplus	
		INSURER D: ACE USA	
		INSURER E: Travelers Insurance	

**VERAGES**

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.

TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
GENERAL LIABILITY				EACH OCCURRENCE \$ 1,000,000.
<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	A01AG07898	01/01/01	01/01/02	FIRE DAMAGE (Any one fire) \$
<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$
<input checked="" type="checkbox"/> Professional Liab	A01AG07898	01/01/01	01/01/02	PERSONAL & ADV INJURY \$ 1,000,000.
				GENERAL AGGREGATE \$ 3,000,000.
GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COM/OP AGG \$ 1,000,000.
<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				
AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000.
<input checked="" type="checkbox"/> ANY AUTO	73507500	01/01/01	01/01/02	BODILY INJURY (Per person) \$
<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$
<input checked="" type="checkbox"/> HIRED AUTOS				
<input checked="" type="checkbox"/> NON-OWNED AUTOS				
GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC AGG \$
EXCESS LIABILITY				EACH OCCURRENCE \$ 5,000,000.
<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE	UM60004144-04	01/01/01	01/01/02	AGGREGATE \$ 5,000,000.
<input type="checkbox"/> DEDUCTIBLE				\$
<input checked="" type="checkbox"/> RETENTION \$ 10,000				\$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER
	WLR C4 313662-8	01/01/01	01/01/02	E.L. EACH ACCIDENT \$ 1,000,000.
	WLR C4 313627-6	01/01/01	01/01/02	E.L. DISEASE - EA EMPLOYEE \$ 1,000,000.
				E.L. DISEASE - POLICY LIMIT \$ 1,000,000.
OTHER				
<input checked="" type="checkbox"/> Crime Coverage	056 BY 103434491 BCM	10/01/00	01/01/02	\$5,000,000.

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

Certificate Holder is listed as an additional insured per blanket additional insured endorsement but only as respects to work performed by named insured's employees.

**DIB 438**

Fav 970-242-1894

CERTIFICATE HOLDER	Y	ADDITIONAL INSURED, INSURER LETTER:	CANCELLATION
WESSLO		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 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	
Western Slope Oil Field Attn: Dan Van Pelt 1629 Airport Road Rifle CO 81650		Steven G. Handley	

# ACORD CERTIFICATE OF LIABILITY INSURANCE

BSR CM  
SOSSTAF

DATE (MM/DD/YY)  
05/30/01

PRODUCER  
Diversified Insurance Brokers  
of Utah  
136 E. South Temple, Ste 2300  
Salt Lake City UT 84111  
one: 801-325-5000 Fax: 801-532-2804

THIS CERTIFICATE 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.

## INSURERS AFFORDING COVERAGE

INSURER A: Admiral Insurance Company  
INSURER B: Federal Insurance Company  
INSURER C: Agricultural Excess & Surplus  
INSURER D: ACE USA  
INSURER E: Travelers Insurance

JRED

SOS Staffing Services, Inc.  
Inteliant Corporation  
& All Assumed Business Names  
1415 South Main Street  
Salt Lake City UT 84115

## 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 LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	A01AG07898	01/01/01	01/01/02	EACH OCCURRENCE \$ 1,000,000.
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any one fire) \$
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$
	<input checked="" type="checkbox"/> Professional Liab				PERSONAL & ADV INJURY \$ 1,000,000.
A	GEN'L AGGREGATE LIMIT APPLIES PER:	A01AG07898	01/01/01	01/01/02	GENERAL AGGREGATE \$ 3,000,000.
					PRODUCTS - COMP/OP AGG \$ 1,000,000.
B	AUTOMOBILE LIABILITY	73507500	01/01/01	01/01/02	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/> HIRED AUTOS	73507500	01/01/01	01/01/02	
	<input checked="" type="checkbox"/> NON-OWNED AUTOS				
B	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC \$
					AUTO ONLY. AGG \$
C	EXCESS LIABILITY	UM60004144-04	01/01/01	01/01/02	EACH OCCURRENCE \$ 5,000,000.
	<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$ 5,000,000.
	<input type="checkbox"/> DEDUCTIBLE				\$
	<input checked="" type="checkbox"/> RETENTION \$ 10,000				\$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	WLR C4 313662-8 WLR C4 313627-6	01/01/01 01/01/01	01/01/02 01/01/02	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
					E.L. EACH ACCIDENT \$ 1,000,000.
					E.L. DISEASE - EA EMPLOYEE \$ 1,000,000.
					E.L. DISEASE - POLICY LIMIT \$ 1,000,000.
E	OTHER CRIME COVERAGE	056 BY 103434491 BCM	10/01/00	01/01/02	\$5,000,000.

### DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

Cert Holder and Interline are listed as additional insureds per the blanket  
additional insured endt, but only as respects to work performed by the Named  
Insured's Employees. Waiver of Subrogation applies on General Liability.  
Alternate Employer Endt is added to the Worker's Compensation policy.

DIB 439

CERTIFICATE HOLDER Y ADDITIONAL INSURED; INSURER LETTER: CANCELLATION

Dania, Inc.  
A Nevada Corporation  
Attn: J. Jones  
2250 So McDowell Extension  
Petaluma CA 94954

DANIA

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE  
EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL MAIL  
30 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.

Steven G. Handley

# ACORD CERTIFICATE OF LIABILITY INSURANCE

PRODUCER  
 Diversified Insurance Brokers  
 Salt Lake City, Utah  
 36 E. South Temple, Ste 2300  
 Lake City UT 84111  
 Phone: 801-325-5000 Fax: 801-532-2804

CSR CM  
 SOSSTAF

DATE (MM/DD/YY)  
 05/29/01

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.

## INSURERS AFFORDING COVERAGE

INSURED  
 SOS Staffing Services, Inc.  
 Skill Staff  
 & All Assumed Business Names  
 1415 South Main Street  
 Salt Lake City UT 84115

INSURER A: Admiral Insurance Company  
 INSURER B: Federal Insurance Company  
 INSURER C: Agricultural Excess & Surplus  
 INSURER D: ACE USA  
 INSURER E: Travelers Insurance

## 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.

TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
GENERAL LIABILITY				EACH OCCURRENCE \$ 1,000,000.
<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	A01AG07898	01/01/01	01/01/02	FIRE DAMAGE (Any one fire) \$
<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$
<input checked="" type="checkbox"/> Professional Liab	A01AG07898	01/01/01	01/01/02	PERSONAL & ADV INJURY \$ 1,000,000.
				GENERAL AGGREGATE \$ 3,000,000.
				PRODUCTS - COM/OP AGG \$ 1,000,000.
GEN'L AGGREGATE LIMIT APPLIES PER:				
<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				
AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000.
<input checked="" type="checkbox"/> ANY AUTO	73507500	01/01/01	01/01/02	BODILY INJURY (Per person) \$
<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$
<input checked="" type="checkbox"/> HIRED AUTOS				
<input checked="" type="checkbox"/> NON-OWNED AUTOS				
Garage Liability				AUTO ONLY - EA ACCIDENT \$
<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC \$
				AUTO ONLY: AGG \$
EXCESS LIABILITY				EACH OCCURRENCE \$ 5,000,000.
<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE	UM60004144-04	01/01/01	01/01/02	AGGREGATE \$ 5,000,000.
				\$
<input type="checkbox"/> DEDUCTIBLE				\$
<input checked="" type="checkbox"/> RETENTION \$ 10,000				\$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTHER
	WLR C4 313662-8	01/01/01	01/01/02	E.L. EACH ACCIDENT \$ 1,000,000.
	WLR C4 313627-6	01/01/01	01/01/02	E.L. DISEASE - EA EMPLOYEE \$ 1,000,000.
				E.L. DISEASE - POLICY LIMIT \$ 1,000,000.
OTHER				
CRIME COVERAGE	056 BY 103434491 BCM	10/01/00	01/01/02	\$5,000,000.

## DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

Certificate Holder is listed as an Additional Insured per Blkt Additional Insured Endt, but only as respects to work performed by the named insured's employees.

DIB 441

CERTIFICATE HOLDER Y ADDITIONAL INSURED; INSURER LETTER: CANCELLATION

SAVAGE  
 Savage Asphalt & Paving  
 Attn: Pam  
 Fax 280-2889  
 5662 W. Wells Park Road  
 West Jordan UT 84088

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 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

Steven G. Handley



# ACORD CERTIFICATE OF LIABILITY INSURANCE

SP ID CM  
SOSSTAF

05/08/01

Insured Insurance Brokers  
South Temple, Ste 2300  
Lake City UT 84111  
: 801-325-5000 Fax: 801-532-2804

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.

## INSURERS AFFORDING COVERAGE

SOS Staffing Services, Inc.  
Inteliant Corporation  
& All Assumed Business Names  
1415 South Main Street  
Salt Lake City UT 84115

INSURER A: Admiral Insurance Company  
INSURER B: Federal Insurance Company  
INSURER C: Agricultural Excess & Surplus  
INSURER D: ACE USA  
INSURER E: Travelers Insurance

## RATES

POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR 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	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
GENERAL LIABILITY				
<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	A01AG07898	01/01/01	01/01/02	EACH OCCURRENCE \$ 1,000,000.
<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				FIRE DAMAGE (Any one fire) \$
<input checked="" type="checkbox"/> Professional Liab	A01AG07898	01/01/01	01/01/02	MED EXP (Any one person) \$
				PERSONAL & ADV INJURY \$ 1,000,000.
				GENERAL AGGREGATE \$ 3,000,000.
				PRODUCTS - COMP/OP AGG \$ 1,000,000.
GEN'L AGGREGATE LIMIT APPLIES PER:				
<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				
AUTOMOBILE LIABILITY				
<input checked="" type="checkbox"/> ANY AUTO	73507500	01/01/01	01/01/02	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000.
<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per person) \$
<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident) \$
<input checked="" type="checkbox"/> HIRED AUTOS				PROPERTY DAMAGE (Per accident) \$
<input checked="" type="checkbox"/> NON-OWNED AUTOS				
GARAGE LIABILITY				
<input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$
				OTHER THAN EA ACC \$
				AUTO ONLY: AGG \$
EXCESS LIABILITY				
<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE	UM60004144-04	01/01/01	01/01/02	EACH OCCURRENCE \$ 5,000,000.
<input type="checkbox"/> DEDUCTIBLE				AGGREGATE \$ 5,000,000.
<input checked="" type="checkbox"/> RETENTION \$ 10,000				\$
				\$
				\$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				
	WLR C4 313662-8	01/01/01	01/01/02	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTHER
	WLR C4 313627-6	01/01/01	01/01/02	E.L. EACH ACCIDENT \$ 1,000,000.
				E.L. DISEASE - EA EMPLOYEE \$ 1,000,000.
				E.L. DISEASE - POLICY LIMIT \$ 1,000,000.
OTHER				
CRIME COVERAGE	056 BY 103434491 BCM	10/01/00	01/01/02	\$5,000,000.

## DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

Certificate holder, it's directors, officers, volunteers, employees, agents and representatives are included as additional insureds but only as respects work performed by the named insured's employees.

DIB 445

CERTIFICATE HOLDER	ADDITIONAL INSURED; INSURER LETTER:	CANCELLATION
SLOC Attn: Kim Aitken P.O. Box 45002 Salt Lake City UT 84145-0002	SALT LAK	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 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.
		Steven G. Handley <i>Steven G. Handley</i> 39-10

# ORD. CERTIFICATE OF LIABILITY INSURANCE

OF ID CM  
SOSSTAF

DATE (MM/DD/YY)  
05/10/01

ified Insurance Brokers  
South Temple, Ste 2300  
Lake City UT 84111  
: 801-325-5000 Fax: 801-532-2804

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.

## INSURERS AFFORDING COVERAGE

INSURER A: Admiral Insurance Company  
INSURER B: Federal Insurance Company  
INSURER C: Agricultural Excess & Surplus  
INSURER D: ACE USA  
INSURER E: Travelers Insurance

SOS Staffing Services, Inc.  
Inteliant Corporation  
& All Assumed Business Names  
1415 South Main Street  
Salt Lake City UT 84115

## PAGES

POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING EQUIPMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR CERTAIN, 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	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
GENERAL LIABILITY				
<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	A01AG07898	01/01/01	01/01/02	EACH OCCURRENCE \$ 1,000,000.
<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				FIRE DAMAGE (Any one fire) \$
<input checked="" type="checkbox"/> Professional Liab	A01AG07898	01/01/01	01/01/02	MED EXP (Any one person) \$
				PERSONAL & ADV INJURY \$ 1,000,000.
				GENERAL AGGREGATE \$ 3,000,000.
				PRODUCTS - COM/OP AGG \$ 1,000,000.
GEN'L AGGREGATE LIMIT APPLIES PER:				
<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				
AUTOMOBILE LIABILITY				
<input checked="" type="checkbox"/> ANY AUTO	73507500	01/01/01	01/01/02	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000.
<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per person) \$
<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident) \$
<input checked="" type="checkbox"/> HIRED AUTOS				PROPERTY DAMAGE (Per accident) \$
<input type="checkbox"/> NON-OWNED AUTOS				
GARAGE LIABILITY				
<input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$
				OTHER THAN EA ACC \$
				AUTO ONLY: AGG \$
EXCESS LIABILITY				
<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE	UM60004144-04	01/01/01	01/01/02	EACH OCCURRENCE \$ 5,000,000.
<input type="checkbox"/> DEDUCTIBLE				AGGREGATE \$ 5,000,000.
<input checked="" type="checkbox"/> RETENTION \$ 10,000				\$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				
WLR C4 313662-8		01/01/01	01/01/02	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
WLR C4 313627-6		01/01/01	01/01/02	E.L. EACH ACCIDENT \$ 1,000,000.
				E.L. DISEASE - EA EMPLOYEE \$ 1,000,000.
				E.L. DISEASE - POLICY LIMIT \$ 1,000,000.
OTHER				
CRIME COVERAGE	056 BY 103434491 BCM	10/01/00	01/01/02	\$5,000,000.

## DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

Certificate Holder is listed as an Additional Insured per Blkt Additional Insured Endt, but only as respects to work performed by the named insured's employees.

DIB 446

617-689-1070

CERTIFICATE HOLDER	Y	ADDITIONAL INSURED, INSURER LETTER:	CANCELLATION
SAPTECH		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 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.	
Sapphire Technologies Fax 617-689-8801 50 Milk Street, 5th Floor Boston MA 02109		Steven G. <i>Steven G. Handley</i>	

1654

# CERTIFICATE OF LIABILITY INSURANCE

SP ID CM  
SOSSTAF

05/07/01

Insurance Brokers

15th Temple, Ste 2300  
City UT 84111  
101-325-5000 Fax: 801-532-2804

SOS Staffing Services, Inc.  
Inteliant Corporation  
& All Assumed Business Names  
1415 South Main Street  
Salt Lake City UT 84115

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.

## INSURERS AFFORDING COVERAGE

INSURER A: Admiral Insurance Company  
INSURER B: Federal Insurance Company  
INSURER C: Agricultural Excess & Surplus  
INSURER D: ACE USA  
INSURER E: Travelers Insurance

## TERMS

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 ANY 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	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
GENERAL LIABILITY				EACH OCCURRENCE \$ 1,000,000.
<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	A01AG07898	01/01/01	01/01/02	FIRE DAMAGE (Any one fire) \$
<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$
<input checked="" type="checkbox"/> Professional Liab	A01AG07898	01/01/01	01/01/02	PERSONAL & ADV INJURY \$ 1,000,000.
				GENERAL AGGREGATE \$ 3,000,000.
GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMP/OP AGG \$ 1,000,000.
<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				
AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000.
<input checked="" type="checkbox"/> ANY AUTO	73507500	01/01/01	01/01/02	BODILY INJURY (Per person) \$
<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$
<input checked="" type="checkbox"/> HIRED AUTOS				
<input checked="" type="checkbox"/> NON-OWNED AUTOS				
ARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC \$
				AUTO ONLY: AGG \$
EXCESS LIABILITY				EACH OCCURRENCE \$ 5,000,000.
<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE	UM60004144-04	01/01/01	01/01/02	AGGREGATE \$ 5,000,000.
<input type="checkbox"/> DEDUCTIBLE				\$
<input checked="" type="checkbox"/> RETENTION \$ 10,000				\$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER
WLR C4 313662-8		01/01/01	01/01/02	E.L. EACH ACCIDENT \$ 1,000,000.
WLR C4 313627-6		01/01/01	01/01/02	E.L. DISEASE - EA EMPLOYEE \$ 1,000,000.
				E.L. DISEASE - POLICY LIMIT \$ 1,000,000.
OTHER				
CRIME COVERAGE	056 BY 103434491 BCM	10/01/00	01/01/02	\$5,000,000.

## DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

Certificate Holder is listed as an Additional Insured per Blkt Additional Insured Endt, but only as respects to work performed by the named insured's employees.

DIB 447

CERTIFICATE HOLDER ☒ ADDITIONAL INSURED; INSURER LETTER: CANCELLATION

CLEVEN

Clean Event  
Attn: Christine Burnham  
Fax: 404-352-4757  
1251 Marietta Blvd  
Atlanta GA 30318

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 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.

Steven G. Haggerty

*Steven G. Haggerty*

3112

1655

# ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID JM  
SOSSTAF

05/01/01

ER  
sified Insurance Brokers  
ah  
3. South Temple, Ste 2300  
Lake City UT 84111  
: 801-325-5000 Fax: 801-532-2804

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

## INSURERS AFFORDING COVERAGE

SOS Staffing Services, Inc.  
Inteliant Corporation  
& All Assumed Business Names  
1415 South Main Street  
Salt Lake City UT 84115

INSURER A Admiral Insurance Company  
INSURER B Federal Insurance Company  
INSURER C Agricultural Excess & Surplus  
INSURER D ACE USA  
INSURER E Travelers Insurance

## RANGES

POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED NOTWITHSTANDING REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR 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	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
GENERAL LIABILITY				
<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	A01AG07898	01/01/01	01/01/02	EACH OCCURRENCE \$ 1,000,000.
<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				FIRE DAMAGE (Any one fire) \$
<input checked="" type="checkbox"/> Professional Liab	A01AG07898	01/01/01	01/01/02	MED EXP (Any one person) \$
				PERSONAL & ADV INJURY \$ 1,000,000.
				GENERAL AGGREGATE \$ 3,000,000.
				PRODUCTS - COMP/OP AGG \$ 1,000,000.
GEN'L AGGREGATE LIMIT APPLIES PER				
POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				
AUTOMOBILE LIABILITY				
<input checked="" type="checkbox"/> ANY AUTO	73507500	01/01/01	01/01/02	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000.
<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per person) \$
<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident) \$
<input checked="" type="checkbox"/> HIRED AUTOS				PROPERTY DAMAGE (Per accident) \$
<input checked="" type="checkbox"/> NON-OWNED AUTOS				
RAGE LIABILITY				
<input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$
				OTHER THAN EA ACC \$
				AUTO ONLY AGG \$
EXCESS LIABILITY				
<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE	UM60004144-04	01/01/01	01/01/02	EACH OCCURRENCE \$ 5,000,000.
<input type="checkbox"/> DEDUCTIBLE				AGGREGATE \$ 5,000,000.
<input checked="" type="checkbox"/> RETENTION \$ 10,000				\$
				\$
				\$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				
	WLR C4 313662-8	01/01/01	01/01/02	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER
	WLR C4 313627-6	01/01/01	01/01/02	E.L. EACH ACCIDENT \$ 1,000,000.
				E.L. DISEASE - EA EMPLOYEE \$ 1,000,000.
				E.L. DISEASE - POLICY LIMIT \$ 1,000,000.
OTHER				
CRIME COVERAGE	056 BY 103434491 BCM	10/01/00	01/01/02	\$5,000,000.

SCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

roject: Moya Spec 336, 9085 Moya Blvd., Reno, NV 89506 Certificate Holder  
s listed as an Additional Insured per Blkt Additional Insured Endt, but  
nly as respects to work performed by the named insured's employees.

DIB 449

CERTIFICATE HOLDER ☒ N ADDITIONAL INSURED INSURER LETTER CANCELLATION

Panattoni Construction  
Re: Zyper Cleaning  
Attn: Gina Cisneros  
8745 Folsom Blvd Ste 150  
Sacramento CA 95826

PANCONS

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 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

Steven G. Handley

Steven G. Handley

1656

# CORD. CERTIFICATE OF LIABILITY INSURANCE

SP ID EX  
SOSSTAF

DATE (MM/DD/YY)  
04/27/01

CER  
SOS Staffing Services, Inc.  
Inteliant Corporation  
& All Assumed Business Names  
1415 South Main Street  
Salt Lake City UT 84115  
: 801-325-5000 Fax: 801-532-2804

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.

## INSURERS AFFORDING COVERAGE

INSURER A: Admiral Insurance Company  
INSURER B: Federal Insurance Company  
INSURER C: Agricultural Excess & Surplus  
INSURER D: ACE USA  
INSURER E: Travelers Insurance

## COVERAGE

POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR 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	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
GENERAL LIABILITY				EACH OCCURRENCE \$ 1,000,000.
<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	A01AG07898	01/01/01	01/01/02	FIRE DAMAGE (Any one fire) \$
<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$
<input checked="" type="checkbox"/> Professional Liab	A01AG07898	01/01/01	01/01/02	PERSONAL & ADV INJURY \$ 1,000,000.
				GENERAL AGGREGATE \$ 3,000,000.
				PRODUCTS - COMP/OP AGG \$ 1,000,000.
GEN'L AGGREGATE LIMIT APPLIES PER:				
<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC				
AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000.
<input checked="" type="checkbox"/> ANY AUTO	73507500	01/01/01	01/01/02	BODILY INJURY (Per person) \$
<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$
<input checked="" type="checkbox"/> HIRED AUTOS				
<input checked="" type="checkbox"/> NON-OWNED AUTOS				
AGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC \$
				AUTO ONLY AGG \$
EXCESS LIABILITY				EACH OCCURRENCE \$ 5,000,000.
<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE	UM60004144-04	01/01/01	01/01/02	AGGREGATE \$ 5,000,000.
<input type="checkbox"/> DEDUCTIBLE				\$
<input checked="" type="checkbox"/> RETENTION \$ 10,000				\$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				<input checked="" type="checkbox"/> WC STATU- TORY LIMITS <input type="checkbox"/> OTH- ER
	WLR C4 313662-8	01/01/01	01/01/02	E.L. EACH ACCIDENT \$ 1,000,000.
	WLR C4 313627-6	01/01/01	01/01/02	E.L. DISEASE - EA EMPLOYEE \$ 1,000,000.
				E.L. DISEASE - POLICY LIMIT \$ 1,000,000.
OTHER				
CRIME COVERAGE	056 BY 103434491 BCM	10/01/00	01/01/02	\$5,000,000.

## DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

Certificate Holder is listed as an Additional Insured per Blkt Additional Insured Endt, but only as respects to work performed by the named insured's employees.

916-340-0565

DIB 451

CERTIFICATE HOLDER ☒ Y ADDITIONAL INSURED; INSURER LETTER: CANCELLATION

PANCONS  
Panattoni Construction  
Re: Zyper Cleaning  
Attn: Gina Cisneros  
8745 Folsom Blvd Ste 150  
Sacramento CA 95826

PANCONS

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL MAIL 30 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

Steven G. Hankley

Steven G. Hankley

Cam

# CORD CERTIFICATE OF LIABILITY INSURANCE

OF ID CM  
SOSSTAF

DATE (MM/DD/YY)  
04/25/01

INSURER  
arsified Insurance Brokers  
Utah  
E. South Temple, Ste 2300  
Lake City UT 84111  
e: 801-325-5000 Fax: 801-532-2804

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.

## INSURERS AFFORDING COVERAGE

ED  
SOS Staffing Services, Inc.  
Inteliant Corporation  
& All Assumed Business Names  
1415 South Main Street  
Salt Lake City UT 84115

INSURER A: Admiral Insurance Company  
INSURER B: Federal Insurance Company  
INSURER C: Agricultural Excess & Surplus  
INSURER D: ACE USA  
INSURER E: Travelers Insurance

## TERMS

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.

TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
<b>GENERAL LIABILITY</b>				
<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	A01AG07898	01/01/01	01/01/02	EACH OCCURRENCE \$ 1,000,000.
<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				FIRE DAMAGE (Any one fire) \$
<input checked="" type="checkbox"/> Professional Liab	A01AG07898	01/01/01	01/01/02	MED EXP (Any one person) \$
				PERSONAL & ADV INJURY \$ 1,000,000.
				GENERAL AGGREGATE \$ 3,000,000.
				PRODUCTS - COMP/OP AGG \$ 1,000,000.
GEN'L AGGREGATE LIMIT APPLIES PER:				
<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC				
<b>AUTOMOBILE LIABILITY</b>				
<input checked="" type="checkbox"/> ANY AUTO	73507500	01/01/01	01/01/02	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000.
<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per person) \$
<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident) \$
<input checked="" type="checkbox"/> HIRED AUTOS				PROPERTY DAMAGE (Per accident) \$
<input checked="" type="checkbox"/> NON-OWNED AUTOS				
<b>GARAGE LIABILITY</b>				
<input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$
				OTHER THAN EA ACC \$
				AUTO ONLY: AGG \$
<b>EXCESS LIABILITY</b>				
<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE	UM60004144-04	01/01/01	01/01/02	EACH OCCURRENCE \$ 5,000,000.
<input type="checkbox"/> DEDUCTIBLE				AGGREGATE \$ 5,000,000.
<input checked="" type="checkbox"/> RETENTION \$ 10,000				\$
				\$
				\$
<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>				
	WLR C4 313662-8	01/01/01	01/01/02	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
	WLR C4 313627-6	01/01/01	01/01/02	E.L. EACH ACCIDENT \$ 1,000,000.
				E.L. DISEASE - EA EMPLOYEE \$ 1,000,000.
				E.L. DISEASE - POLICY LIMIT \$ 1,000,000.
<b>OTHER</b>				
<b>CRIME COVERAGE</b>	056 BY 103434491 BCM	10/01/00	01/01/02	\$5,000,000.

## DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

Certificate Holder is listed as an Additional Insured per Blkt Additional Insured Endt, but only as respects to work performed by the named insured's employees.

DIB 453

CERTIFICATE HOLDER N ADDITIONAL INSURED, INSURER LETTER: CANCELLATION

WOLCREE

Wolf Creek Excavation  
Fax 435-783-6407  
92 North 200 West  
Kamas UT 84036

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 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.

Steven G. Handley

1458

# ORD. CERTIFICATE OF LIABILITY INSURANCE

SP ID CM  
SOSSTAF

DATE (MM/DD/YYYY)  
04/24/01

Insured Insurance Brokers  
South Temple, Ste 2300  
Salt Lake City UT 84111  
801-325-5000 Fax: 801-532-2804

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.

## INSURERS AFFORDING COVERAGE

INSURER A Admiral Insurance Company  
INSURER B Federal Insurance Company  
INSURER C Agricultural Excess & Surplus  
INSURER D ACE USA  
INSURER E Travelers Insurance

SOS Staffing Services, Inc.  
Intelligent Corporation  
& All Assumed Business Names  
1415 South Main Street  
Salt Lake City UT 84115

## RATES

POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR 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	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
GENERAL LIABILITY				EACH OCCURRENCE \$1,000,000.
<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY	A01AG07898	01/01/01	01/01/02	FIRE DAMAGE (Any one fire) \$
<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$
<input checked="" type="checkbox"/> Professional Liab	A01AG07898	01/01/01	01/01/02	PERSONAL & ADV INJURY \$1,000,000.
				GENERAL AGGREGATE \$3,000,000.
				PRODUCTS - COM/OP AGG \$1,000,000.
GENERAL AGGREGATE LIMIT APPLIES PER:				
<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				
AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident) \$1,000,000.
<input checked="" type="checkbox"/> ANY AUTO	73507500	01/01/01	01/01/02	BODILY INJURY (Per person) \$
<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$
<input checked="" type="checkbox"/> HIRED AUTOS				
<input checked="" type="checkbox"/> NON-OWNED AUTOS				
GARAGE LIABILITY				AUTO ONLY EA ACCIDENT \$
<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC \$
				AUTO ONLY AGG \$
EXCESS LIABILITY				EACH OCCURRENCE \$5,000,000.
<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE	UM60004144-04	01/01/01	01/01/02	AGGREGATE \$5,000,000.
<input type="checkbox"/> DEDUCTIBLE				\$
<input checked="" type="checkbox"/> RETENTION \$10,000				\$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTHER \$
WLR C4 313662-8		01/01/01	01/01/02	E.L. EACH ACCIDENT \$1,000,000.
WLR C4 313627-6		01/01/01	01/01/02	E.L. DISEASE - EA EMPLOYEE \$1,000,000.
				E.L. DISEASE - POLICY LIMIT \$1,000,000.
OTHER				
CRIME COVERAGE	056 BY 103434491 BCM	10/01/00	01/01/02	\$5,000,000.

## DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

Certificate Holder is listed as an Additional Insured per Blkt Additional Insured Endt, but only as respects to work performed by the named insured's employees.

DIB 454

CERTIFICATE HOLDER ☐ N ADDITIONAL INSURED, INSURER LETTER ☐ CANCELLATION

METNORT

Metron North America  
Attn: Melanie Thomas  
191 Metron Center Way  
Knoxville TN 37919

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 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.

Steven G Handley

Steven G. Handley

(2/16)

1659

# CAT OF LIABILITY INSURANCE

ID CM  
SOSSTAF

DATE (MM/DD/YY)  
04/16/01

Staffing Services, Inc.  
2300  
4111  
Fax: 801-532-2804

Staffing Services, Inc.  
2300  
4111  
Fax: 801-532-2804

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.

## INSURERS AFFORDING COVERAGE

INSURER A: Admiral Insurance Company  
INSURER B: Federal Insurance Company  
INSURER C: Agricultural Excess & Surplus  
INSURER D: ACE USA  
INSURER E: Travelers Insurance

ALL 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.

TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
GENERAL LIABILITY				EACH OCCURRENCE \$ 1,000,000.
<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	A01AG07898	01/01/01	01/01/02	FIRE DAMAGE (Any one fire) \$
<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$
<input checked="" type="checkbox"/> Professional Liab	A01AG07898	01/01/01	01/01/02	PERSONAL & ADV INJURY \$ 1,000,000.
				GENERAL AGGREGATE \$ 3,000,000.
				PRODUCTS - COMP/OP AGG \$ 1,000,000.
GEN'L AGGREGATE LIMIT APPLIES PER:				
<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				
AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
<input checked="" type="checkbox"/> ANY AUTO	73507500	01/01/01	01/01/02	BODILY INJURY (Per person) \$
<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$
<input checked="" type="checkbox"/> HIRED AUTOS				
<input checked="" type="checkbox"/> NON-OWNED AUTOS				
GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC \$
				AUTO ONLY: AGG \$
EXCESS LIABILITY				EACH OCCURRENCE \$ 5,000,000.
<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE	UM60004144-04	01/01/01	01/01/02	AGGREGATE \$ 5,000,000.
<input type="checkbox"/> DEDUCTIBLE				\$
<input checked="" type="checkbox"/> RETENTION \$ 10,000				\$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER
	WLR C4 313662-8	01/01/01	01/01/02	E.L. EACH ACCIDENT \$ 1,000,000.
	WLR C4 313627-6	01/01/01	01/01/02	E.L. DISEASE - EA EMPLOYEE \$ 1,000,000.
				E.L. DISEASE - POLICY LIMIT \$ 1,000,000.
OTHER				
E CRIME COVERAGE	056 BY 103434491 BCM	10/01/00	01/01/02	\$5,000,000.

### DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

Certificate Holder is included as an additional insured per Blkt Additional Insured Endorsement as respects to work performed by Named Insured's Employees. The Automobile, General Liability and Workers' Compensation include a waiver of subrogation in favor of Trinity Industries.

DIB 456

CERTIFICATE HOLDER N ADDITIONAL INSURED; INSURER LETTER: CANCELLATION

TRININD

Trinity Industries, Inc.  
Attn: Sandy 801-292-1251  
P.O. Box 566867  
Dallas TX 75356-8867

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL MAIL 30 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

Steven G. Handley



# ACORD CERTIFICATE OF LIABILITY INSURANCE

<b>INSURED</b> Diversified Insurance Brokers Utah 7. South Temple, Ste 2300 Lake City UT 84111 Phone: 801-325-5000 Fax: 801-532-2804		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.
<b>INSURERS AFFORDING COVERAGE</b>		<b>INSURER A:</b> Admiral Insurance Company <b>INSURER B:</b> Federal Insurance Company <b>INSURER C:</b> Agricultural Excess & Surplus <b>INSURER D:</b> ACE USA <b>INSURER E:</b> Travelers Insurance

**TERMS AND CONDITIONS:**  
 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.

TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
<b>GENERAL LIABILITY</b>				
<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	A01AG07898	01/01/01	01/01/02	EACH OCCURRENCE \$1,000,000.
<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				FIRE DAMAGE (Any one fire) \$
<input checked="" type="checkbox"/> Professional Liab	A01AG07898	01/01/01	01/01/02	MED EXP (Any one person) \$
				PERSONAL & ADV INJURY \$1,000,000.
				GENERAL AGGREGATE \$3,000,000.
				PRODUCTS - COM/PROP AGG \$1,000,000.
GEN'L AGGREGATE LIMIT APPLIES PER:				
<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC				
<b>AUTOMOBILE LIABILITY</b>				
<input checked="" type="checkbox"/> ANY AUTO	73507500	01/01/01	01/01/02	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000.
<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per person) \$
<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident) \$
<input checked="" type="checkbox"/> HIRED AUTOS				PROPERTY DAMAGE (Per accident) \$
<input checked="" type="checkbox"/> NON-OWNED AUTOS				
<b>GARAGE LIABILITY</b>				
<input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$
				OTHER THAN AUTO ONLY: EA ACC \$
				AGG \$
<b>EXCESS LIABILITY</b>				
<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE	UM60004144-04	01/01/01	01/01/02	EACH OCCURRENCE \$5,000,000.
				AGGREGATE \$5,000,000.
<input type="checkbox"/> DEDUCTIBLE				\$
<input checked="" type="checkbox"/> RETENTION \$10,000				\$
<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>				
	WLR C4 313662-8	01/01/01	01/01/02	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTHER \$1,000,000.
	WLR C4 313627-6	01/01/01	01/01/02	E.L. EACH ACCIDENT \$1,000,000.
				E.L. DISEASE - EA EMPLOYEE \$1,000,000.
				E.L. DISEASE - POLICY LIMIT \$1,000,000.
<b>OTHER</b>				
<input checked="" type="checkbox"/> CRIME COVERAGE	056 BY 103434491 BCM	10/01/00	01/01/02	\$5,000,000.

**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS**  
 Certificate Holder is listed as an Additional Insured per Blkt Additional Insured Endt, but only as respects to work performed by the named insured's employees.

<b>CERTIFICATE HOLDER</b> Western Slope Oil Field Attn: Dan Van Pelt 1629 Airport Road Rifle CO 81650	<b>ADDITIONAL INSURED; INSURER LETTER:</b> WESSLO	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 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.
Steven G. Handley		Steven G. Handley

# CORD CERTIFICATE OF LIABILITY INSURANCE POLICY ID CM SOSSTAF DATE (MM/DD/YY) 04/05/01

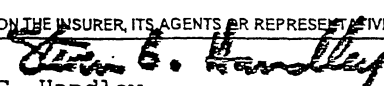
CER Insured Insurance Brokers Utah 7. South Temple, Ste 2300 Lake City UT 84111 : 801-325-5000 Fax: 801-532-2804	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.
ID SOS Staffing Services, Inc. Inteliant Corporation & All Assumed Business Names 1415 South Main Street Salt Lake City UT 84115	INSURERS AFFORDING COVERAGE INSURER A: Admiral Insurance Company INSURER B: Federal Insurance Company INSURER C: Agricultural Excess & Surplus INSURER D: ACE USA INSURER E: Travelers Insurance

TERMS AND CONDITIONS					
POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR 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	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
GENERAL LIABILITY				EACH OCCURRENCE	\$ 1,000,000.
<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	A01AG07898	01/01/01	01/01/02	FIRE DAMAGE (Any one fire)	\$
<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$
<input checked="" type="checkbox"/> Professional Liab	A01AG07898	01/01/01	01/01/02	PERSONAL & ADV INJURY	\$ 1,000,000.
				GENERAL AGGREGATE	\$ 3,000,000.
				PRODUCTS - COMP/OP AGG	\$ 1,000,000.
GEN'L AGGREGATE LIMIT APPLIES PER:					
<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					
AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000.
<input checked="" type="checkbox"/> ANY AUTO	73507500	01/01/01	01/01/02	BODILY INJURY (Per person)	\$
<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$
<input checked="" type="checkbox"/> HIRED AUTOS					
<input checked="" type="checkbox"/> NON-OWNED AUTOS					
GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC	\$
				AUTO ONLY: AGG	\$
EXCESS LIABILITY				EACH OCCURRENCE	\$ 5,000,000.
<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE	UM60004144-04	01/01/01	01/01/02	AGGREGATE	\$ 5,000,000.
<input type="checkbox"/> DEDUCTIBLE					\$
<input checked="" type="checkbox"/> RETENTION \$ 10,000					\$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER	
	WLR C4 313662-8	01/01/01	01/01/02	E.L. EACH ACCIDENT	\$ 1,000,000.
	WLR C4 313627-6	01/01/01	01/01/02	E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000.
				E.L. DISEASE - POLICY LIMIT	\$ 1,000,000.
OTHER					
CRIME COVERAGE	056 BY 103434491 BCM	10/01/00	01/01/02		\$5,000,000.

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

Certificate Holder is listed as an Additional Insured per Blkt Additional Insured Endt, but only as respects to work performed by the named insured's employees. RE: 900 South Ramp Bridges NH-0270(1)0, OCIP Project

DIB 462

CERTIFICATE HOLDER	N	ADDITIONAL INSURED; INSURER LETTER:	CANCELLATION
JDMCONS		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</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.	
J.D. McNeil Construction, Inc. 1093 West 2180 North Salt Lake City UT 84116		Steven G. Handley 	

**Classified Insurance Brokers**  
 Utah  
 South Temple, Ste 2300  
 Salt Lake City UT 84111  
 801-325-5000 Fax: 801-532-2804

SOS Staffing Services, Inc.  
 Intelligent Corporation  
 & All Assumed Business Names  
 1415 South Main Street  
 Salt Lake City UT 84115

ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE  
 HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR  
 ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

#### INSURERS AFFORDING COVERAGE

INSURER A	Admiral Insurance Company
INSURER B	Federal Insurance Company
INSURER C	Agricultural Excess & Surplus
INSURER D	ACE USA
INSURER E	Travelers Insurance

#### TERMS

POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED NOTWITHSTANDING  
 REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR  
 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	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
<b>GENERAL LIABILITY</b>				
<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	A01AG07898	01/01/01	01/01/02	EACH OCCURRENCE \$1,000,000.
<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				FIRE DAMAGE (Any one fire) \$
<input checked="" type="checkbox"/> Professional Liab	A01AG07898	01/01/01	01/01/02	MED EXP (Any one person) \$
				PERSONAL & ADV INJURY \$1,000,000.
				GENERAL AGGREGATE \$3,000,000.
				PRODUCTS - COMP/OP AGG \$1,000,000.
GEN'L AGGREGATE LIMIT APPLIES PER:				
<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				
<b>AUTOMOBILE LIABILITY</b>				
<input checked="" type="checkbox"/> ANY AUTO	73507500	01/01/01	01/01/02	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000.
<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per person) \$
<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident) \$
<input checked="" type="checkbox"/> HIRED AUTOS				PROPERTY DAMAGE (Per accident) \$
<input checked="" type="checkbox"/> NON-OWNED AUTOS				
<b>EXCESS LIABILITY</b>				
<input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$
				OTHER THAN EA ACC \$
				AUTO ONLY AGG \$
<b>EXCESS LIABILITY</b>				
<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE	UM60004144-04	01/01/01	01/01/02	EACH OCCURRENCE \$5,000,000.
<input type="checkbox"/> DEDUCTIBLE				AGGREGATE \$5,000,000.
<input checked="" type="checkbox"/> RETENTION \$10,000				\$
				\$
				\$
<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>				
WLR C4 313662-8	01/01/01	01/01/02	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER	E.L. EACH ACCIDENT \$1,000,000.
WLR C4 313627-6	01/01/01	01/01/02		E.L. DISEASE - EA EMPLOYEE \$1,000,000.
				E.L. DISEASE - POLICY LIMIT \$1,000,000.
<b>OTHER</b>				
CRIME COVERAGE	056 BY 103434491 BCM	10/01/00	01/01/02	\$5,000,000.

#### DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

Certificate Holder is listed as an Additional Insured per Blkt Additional Insured Endt, but only as respects to work performed by the named insured's employees.

565-6831

DIB 463

CERTIFICATE HOLDER	N	ADDITIONAL INSURED, INSURER LETTER.	CANCELLATION
MIDGELE		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 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	
Midgley Construction ATTN: STACY STARBOUGH 7644 South State Street Midvale UT 84047		Steven G. Handley	

# CORD CERTIFICATE OF LIABILITY INSURANCE

OP ID CM  
SOSSTAF

DATE (MM/DD/YY)  
03/14/01

JCER  
ersified Insurance Brokers  
Utah  
South Temple, Ste 2300  
Lake City UT 84111  
Tel: 801-325-5000 Fax: 801-532-2804

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

## INSURERS AFFORDING COVERAGE

ED  
SOS Staffing Services, Inc.  
Inteliant Corporation  
& All Assumed Business Names  
1415 South Main Street  
Salt Lake City UT 84115

INSURER A Admiral Insurance Company  
INSURER B Federal Insurance Company  
INSURER C Agricultural Excess & Surplus  
INSURER D ACE USA  
INSURER E Travelers Insurance

## ERAGES

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 Y 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	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
GENERAL LIABILITY				EACH OCCURRENCE \$ 1,000,000.
<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	A01AG07898	01/01/01	01/01/02	FIRE DAMAGE (Any one fire) \$
<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$
<input checked="" type="checkbox"/> Professional Liab	A01AG07898	01/01/01	01/01/02	PERSONAL & ADV INJURY \$ 1,000,000.
				GENERAL AGGREGATE \$ 3,000,000.
GEN'L AGGREGATE LIMIT APPLIES PER				PRODUCTS - COMP/OP AGG \$ 1,000,000.
<input type="checkbox"/> POLICY <input type="checkbox"/> PRO. <input type="checkbox"/> JECT <input type="checkbox"/> LOC				
AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
<input checked="" type="checkbox"/> ANY AUTO	73507500	01/01/01	01/01/02	BODILY INJURY (Per person) \$
<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$
<input checked="" type="checkbox"/> HIRED AUTOS				
<input checked="" type="checkbox"/> NON-OWNED AUTOS				
Garage Liability				AUTO ONLY - EA ACCIDENT \$
<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC \$
				AUTO ONLY AGG \$
EXCESS LIABILITY				EACH OCCURRENCE \$ 5,000,000.
<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE	UM60004144-04	01/01/01	01/01/02	AGGREGATE \$ 5,000,000.
<input type="checkbox"/> DEDUCTIBLE				\$
<input checked="" type="checkbox"/> RETENTION \$ 10,000				\$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
	WLR C4 313662-8	01/01/01	01/01/02	E.L. EACH ACCIDENT \$ 1,000,000.
	WLR C4 313627-6	01/01/01	01/01/02	E.L. DISEASE - EA EMPLOYEE \$ 1,000,000.
				E.L. DISEASE - POLICY LIMIT \$ 1,000,000.
OTHER				
CRIME COVERAGE	056 BY 103434491 BCM	10/01/00	01/01/02	\$5,000,000.

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

Certificate Holder is added as an additional insured per Blanket Additional Insured Endorsement.

DIB 472

CERTIFICATE HOLDER N ADDITIONAL INSURED, INSURER LETTER CANCELLATION

HOME010  
Home Depot USA, Inc.  
Via Fax 972-402-3862  
Attn: Brent Jones  
P.O. Box 3298  
Mission Viejo CA 92690-3298

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 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

Steven G. Handley

Steven G. Handley

# ACORD CERTIFICATE OF LIABILITY INSURANCE

CSR CM  
SOSSTAF

DATE (MM/DD/YY)  
12/14/01

PRODUCER  
Verified Insurance Brokers  
Utah  
3. South Temple, Ste 2300  
Lake City UT 84111  
Phone: 801-325-5000 Fax: 801-532-2804

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.

## INSURERS AFFORDING COVERAGE

INSURER A Admiral Insurance Company  
INSURER B Federal Insurance Company  
INSURER C Great American E & S  
INSURER D ACE USA  
INSURER E Travelers Property Casualty

SOS Staffing Services, Inc.  
Intelliant Corporation  
& All Assumed Business Names  
1415 South Main Street  
Salt Lake City UT 84115

## 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.

TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
GENERAL LIABILITY				EACH OCCURRENCE \$ 1,000,000.
<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	A01AG07898	01/01/01	01/01/02	FIRE DAMAGE (Any one fire) \$
<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$
<input checked="" type="checkbox"/> Professional Liab	A01AG07898	01/01/01	01/01/02	PERSONAL & ADV INJURY \$ 1,000,000.
				GENERAL AGGREGATE \$ 3,000,000.
				PRODUCTS - COM/OP AGG \$ 1,000,000.
GEN'L AGGREGATE LIMIT APPLIES PER				
<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC				
AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000.
<input checked="" type="checkbox"/> ANY AUTO	73507500	01/01/01	01/01/02	BODILY INJURY (Per person) \$
<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$
<input checked="" type="checkbox"/> HIRED AUTOS				
<input checked="" type="checkbox"/> NON-OWNED AUTOS				
GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC \$
				AUTO ONLY AGG \$
EXCESS LIABILITY				EACH OCCURRENCE \$ 5,000,000.
<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE	UM60004144-04	01/01/01	01/01/02	AGGREGATE \$ 5,000,000.
<input type="checkbox"/> DEDUCTIBLE				\$
<input checked="" type="checkbox"/> RETENTION \$ 10,000				\$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
<input type="checkbox"/> WLR C4 313662-8		01/01/01	01/01/02	E.L. EACH ACCIDENT \$ 1,000,000.
<input type="checkbox"/> WLR C4 313627-6		01/01/01	01/01/02	E.L. DISEASE - EA EMPLOYEE \$ 1,000,000.
				E.L. DISEASE - POLICY LIMIT \$ 1,000,000.
OTHER				
<input checked="" type="checkbox"/> CRIME COVERAGE	056 BY 103434491 BCM	10/01/00	01/01/02	\$5,000,000.

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

RE: Project Pinnacle at DTC

Certificate Holder is listed as an Additional Insured per Blkt Additional Insured Endt, but only as respects to work performed by the named insured's employees.

DIB 485

CERTIFICATE HOLDER Y ADDITIONAL INSURED, INSURER LETTER: X CANCELLATION

BREBUIL

BRE Builders, Inc  
1873 So Bellaire St, Ste 1106  
Denver CO 80222

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 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

Steven G. [Signature]

# ORD CERTIFICATE OF LIABILITY INSURANCE CSR CM SOSSTAF DATE (MM/DD/YY) 12/13/01

R isified Insurance Brokers ah . South Temple, Ste 2300 Lake City UT 84111 : 801-325-5000 Fax: 801-532-2804	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.	
	INSURERS AFFORDING COVERAGE	
ED  SOS Staffing Services, Inc. Inteliant Corporation & All Assumed Business Names 1415 South Main Street Salt Lake City UT 84115	INSURER A	Admiral Insurance Company
	INSURER B	Federal Insurance Company
	INSURER C	Great American E & S
	INSURER D	ACE USA
	INSURER E	Travelers Property Casualty

TERMS AND CONDITIONS					
POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED NOTWITHSTANDING REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR 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	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
<b>GENERAL LIABILITY</b>					
<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	A01AG07898	01/01/01	01/01/02	EACH OCCURRENCE	\$ 1,000,000.
<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				FIRE DAMAGE (Any one fire)	\$
<input checked="" type="checkbox"/> Professional Liab	A01AG07898	01/01/01	01/01/02	MED EXP (Any one person)	\$
				PERSONAL & ADV INJURY	\$ 1,000,000.
				GENERAL AGGREGATE	\$ 3,000,000.
				PRODUCTS - COMP/OP AGG	\$ 1,000,000.
GEN'L AGGREGATE LIMIT APPLIES PER					
<input type="checkbox"/> POLICY <input type="checkbox"/> PRO JECT <input type="checkbox"/> LOC					
<b>AUTOMOBILE LIABILITY</b>					
<input checked="" type="checkbox"/> ANY AUTO	73507500	01/01/01	01/01/02	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000.
<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per person)	\$
<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident)	\$
<input checked="" type="checkbox"/> HIRED AUTOS				PROPERTY DAMAGE (Per accident)	\$
<input checked="" type="checkbox"/> NON-OWNED AUTOS					
<b>TRUCK LIABILITY</b>					
<input type="checkbox"/> ANY AUTO				AUTO ONLY EA ACCIDENT	\$
				OTHER THAN EA ACC	\$
				AUTO ONLY AGG	\$
<b>EXCESS LIABILITY</b>					
<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE	UM60004144-04	01/01/01	01/01/02	EACH OCCURRENCE	\$ 5,000,000.
				AGGREGATE	\$ 5,000,000.
<input type="checkbox"/> DEDUCTIBLE					\$
<input checked="" type="checkbox"/> RETENTION \$ 10,000					\$
<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>					
WLR C4 313662-8		01/01/01	01/01/02	<input checked="" type="checkbox"/> WC STATU- TORY LIMITS <input type="checkbox"/> OTHER	
WLR C4 313627-6		01/01/01	01/01/02	E L EACH ACCIDENT	\$ 1,000,000.
				E L DISEASE - EA EMPLOYEE	\$ 1,000,000.
				E L DISEASE - POLICY LIMIT	\$ 1,000,000.
<b>OTHER</b>					
CRIME COVERAGE	056 BY 103434491 BCM	10/01/00	01/01/02		\$5,000,000.

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS  
 Certificate Holder and Town Pointe Developers are listed as an Additional Insureds per Blkt Additional Insured Endt, but only as respects to work performed by the named insured's employees.

DIB 486

CERTIFICATE HOLDER	Y	ADDITIONAL INSURED, INSURER LETTER <input checked="" type="checkbox"/>	CANCELLATION
SUMPOIN  Summit Point Construction Attn: Khara P.O. Box 681329 Park City UT 84068		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 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 Steven G. Handley, CIC	

# ORD. CERTIFICATE OF LIABILITY INSURANCE

CSR CM  
SOSSTAF

DATE (MM/DD/YY)  
12/07/01

Refined Insurance Brokers  
ah  
South Temple, Ste 2300  
ake City UT 84111  
801-325-5000 Fax: 801-532-2804

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.

## INSURERS AFFORDING COVERAGE

SOS Staffing Services, Inc.  
Inteliant Corporation  
& All Assumed Business Names  
1415 South Main Street  
Salt Lake City UT 84115

INSURER A Admiral Insurance Company  
INSURER B Federal Insurance Company  
INSURER C Great American E & S  
INSURER D ACE USA  
INSURER E Travelers Property & Casualty

## AGES

POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED NOTWITHSTANDING REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR OBTAINED. 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	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
GENERAL LIABILITY				EACH OCCURRENCE \$ 1,000,000.
COMMERCIAL GENERAL LIABILITY	A01AG07898	01/01/01	01/01/02	FIRE DAMAGE (Any one fire) \$
<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$
Professional Liab	A01AG07898	01/01/01	01/01/02	PERSONAL & ADV INJURY \$ 1,000,000.
				GENERAL AGGREGATE \$ 3,000,000.
				PRODUCTS - COMP/OP AGG \$ 1,000,000.
NET AGGREGATE LIMIT APPLIES PER				
<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC				
TOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000.
ANY AUTO	73507500	01/01/01	01/01/02	BODILY INJURY (Per person) \$
ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$
HIRED AUTOS				
NON-OWNED AUTOS				
GE LIABILITY				AUTO ONLY - EA ACCIDENT \$
ANY AUTO				OTHER THAN EA ACC \$
				AUTO ONLY AGG \$
CESS LIABILITY				EACH OCCURRENCE \$ 5,000,000.
<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE	UM60004144-04	01/01/01	01/01/02	AGGREGATE \$ 5,000,000.
				\$
DEDUCTIBLE				\$
RETENTION \$ 10,000				\$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
	WLR C4 313662-8	01/01/01	01/01/02	E L EACH ACCIDENT \$ 1,000,000.
	WLR C4 313627-6	01/01/01	01/01/02	E L DISEASE - EA EMPLOYEE \$ 1,000,000.
				E L DISEASE - POLICY LIMIT \$ 1,000,000.
OTHER				
CRIME COVERAGE	056 BY 103434491 BCM	10/01/00	01/01/02	\$5,000,000.

## DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

Certificate Holder is listed as an Additional Insured per Blkt Additional insured Endt, but only as respects to work performed by the named insured's employees.

DIB 487

CERTIFICATE HOLDER ☒ Y ADDITIONAL INSURED; INSURER LETTER: CANCELLATION

GRACONS

Gray Construction, Inc.  
Attn: Jodi Smith  
763 Valderrama Court  
Castle Rock CO 80104

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 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

Steven G. Handley, CIO

39-24

1667

# ORD CERTIFICATE OF LIABILITY INSURANCE CSR CM SOSSTAF DATE (MM/DD/YY) 12/07/01

ER  
 nsified Insurance Brokers  
 tah  
 South Temple, Ste 2300  
 ake City UT 84111 -  
 . 801-325-5000 Fax: 801-532-2804

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

## INSURERS AFFORDING COVERAGE

SOS Staffing Services, Inc.  
 Intelliant Corporation  
 & All Assumed Business Names  
 1415 South Main Street  
 Salt Lake City UT 84115

INSURER A	Admiral Insurance Company
INSURER B	Federal Insurance Company
INSURER C	Great American E & S
INSURER D	ACE USA
INSURER E	Travelers Property & Casualty

## RATES

POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING  
 REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR  
 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	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
GENERAL LIABILITY				EACH OCCURRENCE	\$ 1,000,000.
<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	A01AG07898	01/01/01	01/01/02	FIRE DAMAGE (Any one fire)	\$
<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$
<input checked="" type="checkbox"/> Professional Liab	A01AG07898	01/01/01	01/01/02	PERSONAL & ADV INJURY	\$ 1,000,000.
				GENERAL AGGREGATE	\$ 3,000,000.
				PRODUCTS - COMP/OP AGG	\$ 1,000,000.
ENL AGGREGATE LIMIT APPLIES PER					
<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					
AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000.
<input checked="" type="checkbox"/> ANY AUTO	73507500	01/01/01	01/01/02	BODILY INJURY (Per person)	\$
<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$
<input checked="" type="checkbox"/> HIRED AUTOS					
<input checked="" type="checkbox"/> NON-OWNED AUTOS					
Garage Liability				AUTO ONLY - EA ACCIDENT	\$
<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC	\$
				AUTO ONLY AGG	\$
EXCESS LIABILITY				EACH OCCURRENCE	\$ 5,000,000.
<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE	UM60004144-04	01/01/01	01/01/02	AGGREGATE	\$ 5,000,000.
<input type="checkbox"/> DEDUCTIBLE					\$
<input checked="" type="checkbox"/> RETENTION \$10,000					\$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER	
	WLR C4 313662-8	01/01/01	01/01/02	E L EACH ACCIDENT	\$ 1,000,000.
	WLR C4 313627-6	01/01/01	01/01/02	E L DISEASE - EA EMPLOYEE	\$ 1,000,000.
				E L DISEASE - POLICY LIMIT	\$ 1,000,000.
OTHER					
CRIME COVERAGE	056 BY 103434491 BCM	10/01/00	01/01/02		\$5,000,000.

## DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

Certificate Holder, NBA Village at the Bluffs of Colorado Springs and St.  
 Luis Design Alliance are listed as an Additional Insureds per Blkt  
 Additional Insured Endt, but only as respects to work performed by the named  
 Insured's employees.

DIB 488

CERTIFICATE HOLDER	Y	ADDITIONAL INSURED, INSURER LETTER	CANCELLATION
Altman Charter Company Attn: Sheila 315 Consort Drive St. Louis MO 63011		ALTCHAR	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</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 Steven G. Handley, CFC

Fax 636-207-6671



# CORD CERTIFICATE OF LIABILITY INSURANCE

CSR CM  
SOSSTAF

11/27/01

CER  
Insured Insurance Brokers  
Utah  
E. South Temple, Ste 2300  
Lake City UT 84111  
Tel: 801-325-5000 Fax: 801-532-2804

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.

## INSURERS AFFORDING COVERAGE

ED

SOS Staffing Services, Inc.  
Inteliant Corporation  
& All Assumed Business Names  
1415 South Main Street  
Salt Lake City UT 84115

INSURER A: Admiral Insurance Company  
INSURER B: Federal Insurance Company  
INSURER C: Great American E & S  
INSURER D: ACE USA  
INSURER E: Travelers Property & Casualty

## COVERAGE

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 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	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
<b>GENERAL LIABILITY</b>				
<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	A01AG07898	01/01/01	01/01/02	EACH OCCURRENCE \$ 1,000,000.
<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				FIRE DAMAGE (Any one fire) \$
<input checked="" type="checkbox"/> Professional Liab	A01AG07898	01/01/01	01/01/02	MED EXP (Any one person) \$
				PERSONAL & ADV INJURY \$ 1,000,000.
				GENERAL AGGREGATE \$ 3,000,000.
				PRODUCTS - COMP/OP AGG \$ 1,000,000.
GEN'L AGGREGATE LIMIT APPLIES PER				
<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				
<b>AUTOMOBILE LIABILITY</b>				
<input checked="" type="checkbox"/> ANY AUTO	73507500	01/01/01	01/01/02	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000.
<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per person) \$
<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident) \$
<input checked="" type="checkbox"/> HIRED AUTOS				PROPERTY DAMAGE (Per accident) \$
<input checked="" type="checkbox"/> NON-OWNED AUTOS				
<b>TRUCK LIABILITY</b>				
<input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$
				OTHER THAN EA ACC \$
				AUTO ONLY AGG \$
<b>EXCESS LIABILITY</b>				
<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE	UM60004144-04	01/01/01	01/01/02	EACH OCCURRENCE \$ 5,000,000.
<input type="checkbox"/> DEDUCTIBLE				AGGREGATE \$ 5,000,000.
<input checked="" type="checkbox"/> RETENTION \$ 10,000				\$
				\$
				\$
<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>				
	WLR C4 313662-8	01/01/01	01/01/02	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
	WLR C4 313627-6	01/01/01	01/01/02	E.L. EACH ACCIDENT \$ 1,000,000.
				E.L. DISEASE - EA EMPLOYEE \$ 1,000,000.
				E.L. DISEASE - POLICY LIMIT \$ 1,000,000.
<b>OTHER</b>				
<input checked="" type="checkbox"/> CRIME COVERAGE	056 BY 103434491 BCM	10/01/00	01/01/02	\$5,000,000.

## DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

Certificate Holders are listed as Additional Insureds per Blkt Additional Insured Endt, but only as respects to work performed by the named insured's employees. This certificate replaces previous certs issued on 7/9/01 and 8/15/01.

Attn: Marci

DIB 491

CERTIFICATE HOLDER	Y	ADDITIONAL INSURED; INSURER LETTER:	CANCELLATION
Club Demonstration Services & Costco Wholesale Attn: Holly Gray 4141 Jutland Drive, Ste 300 San Diego CA 92117-7237		CLUDEMO	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 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 Steven G. Handley, CIO

ACORD 25-S (7/97)

© ACORD CORPORATION 1988

5001 211257

1669

ACORD

## CERTIFICATE OF LIABILITY INSURANCE

OP ID EX  
SOSSTAFDATE (MM/DD/YY)  
11/21/01

ACER  
 ersified Insurance Brokers  
 Utah  
 . South Temple, Ste 2300  
 Lake City UT 84111  
 : 801-325-5000 Fax: 801-532-2804

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

## INSURERS AFFORDING COVERAGE

ED  
 SOS Staffing Services, Inc.  
 Inteliant Corporation  
 & All Assumed Business Names  
 1415 South Main Street  
 Salt Lake City UT 84115

INSURER A Admiral Insurance Company  
 INSURER B Federal Insurance Company  
 INSURER C Great American E & S  
 INSURER D ACE USA  
 INSURER E Travelers Property & Casualty

## COVERAGE

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  
 ANY 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	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
GENERAL LIABILITY				
<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	A01AG07898	01/01/01	01/01/02	EACH OCCURRENCE \$1,000,000.
<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				FIRE DAMAGE (Any one fire) \$
<input checked="" type="checkbox"/> Professional Liab	A01AG07898	01/01/01	01/01/02	MED EXP (Any one person) \$
				PERSONAL & ADV INJURY \$1,000,000.
				GENERAL AGGREGATE \$3,000,000.
GEN'L AGGREGATE LIMIT APPLIES PER				PRODUCTS - COMP/OP AGG \$1,000,000.
<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				
AUTOMOBILE LIABILITY				
<input checked="" type="checkbox"/> ANY AUTO	73507500	01/01/01	01/01/02	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000.
<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per person) \$
<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident) \$
<input checked="" type="checkbox"/> HIRED AUTOS				PROPERTY DAMAGE (Per accident) \$
<input checked="" type="checkbox"/> NON-OWNED AUTOS				
GARAGE LIABILITY				
<input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$
				OTHER THAN EA ACC \$
				AUTO ONLY AGG \$
EXCESS LIABILITY				
<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE	UM60004144-04	01/01/01	01/01/02	EACH OCCURRENCE \$5,000,000.
<input type="checkbox"/> DEDUCTIBLE				AGGREGATE \$5,000,000.
<input checked="" type="checkbox"/> RETENTION \$10,000				\$
				\$
				\$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				
	WLR C4 313662-8	01/01/01	01/01/02	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTHER
	WLR C4 313627-6	01/01/01	01/01/02	E.L. EACH ACCIDENT \$1,000,000.
				E.L. DISEASE - EA EMPLOYEE \$1,000,000.
				E.L. DISEASE - POLICY LIMIT \$1,000,000.
OTHER				
CRIME COVERAGE	056 BY 103434491 BCM	10/01/00	01/01/02	\$5,000,000.

## DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

Certificate Holder is listed as an Additional Insured per Blkt Additional Insured Endt, but only as respects to work performed by the named insured's employees.

Fax 435-656-8994

DIB 492

CERTIFICATE HOLDER Y ADDITIONAL INSURED, INSURER LETTER: CANCELLATION

CORDEO

Coram Deo #29612  
 Attn: Annette  
 382 So Main  
 St. George UT 84770

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION  
 DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 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  
 Steven G. Handley, CIC

# GORD CERTIFICATE OF LIABILITY INSURANCE

CSR CM  
SOSSTAF

DATE (MM/DD/YY)  
10/22/01

CER  
Insured Insurance Brokers  
Utah  
South Temple, Ste 2300  
Lake City UT 84111  
801-325-5000 Fax: 801-532-2804

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

## INSURERS AFFORDING COVERAGE

ID  
SOS Staffing Services, Inc.  
Intelliant Corporation  
& All Assumed Business Names  
1415 South Main Street  
Salt Lake City UT 84115

INSURER A Admiral Insurance Company  
INSURER B Federal Insurance Company  
INSURER C Great American E & S  
INSURER D ACE USA  
INSURER E Travelers Insurance

## TERMS

POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED NOTWITHSTANDING REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR 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	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
<b>GENERAL LIABILITY</b>				
<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	A01AG07898	01/01/01	01/01/02	EACH OCCURRENCE \$1,000,000.
<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				FIRE DAMAGE (Any one fire) \$
<input checked="" type="checkbox"/> Professional Liab	A01AG07898	01/01/01	01/01/02	MED EXP (Any one person) \$
				PERSONAL & ADV INJURY \$1,000,000.
				GENERAL AGGREGATE \$3,000,000.
				PRODUCTS - COMP/OP AGG \$1,000,000.
GEN'L AGGREGATE LIMIT APPLIES PER.				
<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				
<b>AUTOMOBILE LIABILITY</b>				
<input checked="" type="checkbox"/> ANY AUTO	73507500	01/01/01	01/01/02	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000
<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per person) \$
<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident) \$
<input checked="" type="checkbox"/> HIRED AUTOS				PROPERTY DAMAGE (Per accident) \$
<input checked="" type="checkbox"/> NON-OWNED AUTOS				
<b>GARAGE LIABILITY</b>				
<input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$
				OTHER THAN EA ACC \$
				AUTO ONLY AGG \$
<b>EXCESS LIABILITY</b>				
<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE	UM60004144-04	01/01/01	01/01/02	EACH OCCURRENCE \$5,000,000.
<input type="checkbox"/> DEDUCTIBLE				AGGREGATE \$5,000,000.
<input checked="" type="checkbox"/> RETENTION \$10,000				\$
				\$
				\$
<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>				
	WLR C4 313662-8	01/01/01	01/01/02	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER \$1,000,000.
	WLR C4 313627-6	01/01/01	01/01/02	E.L. EACH ACCIDENT \$1,000,000.
				E.L. DISEASE - EA EMPLOYEE \$1,000,000.
				E.L. DISEASE - POLICY LIMIT \$1,000,000.
<b>OTHER</b>				
CRIME COVERAGE	056 BY 103434491 BCM	10/01/00	01/01/02	\$5,000,000.

## DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

the State of Colorado, State Board of Agriculture and Colorado State Forest Service are listed as Additional Insureds per Blkt Additional Insured Endt, but only as respects to work performed by the named insured's employees on behalf of Santa Fe Carving.

DIB 504

CERTIFICATE HOLDER	Y	ADDITIONAL INSURED, INSURER LETTER	CANCELLATION
COFORES		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 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	
Colorado State Forest Service P.O. Box 1390 Gunnison CO 81230		AUTHORIZED REPRESENTATIVE <i>Steven G. Handley</i> Steven G. Handley, CIC	

# CORD™ CERTIFICATE OF LIABILITY INSURANCE

CSR CM  
SOSSTAF

10/12/01

Classified Insurance Brokers  
2. South Temple, Ste 2300  
Lake City UT 84111  
801-325-5000 Fax: 801-532-2804

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.

## INSURERS AFFORDING COVERAGE

SOS Staffing Services, Inc.  
Inteliant Corporation  
& All Assumed Business Names  
1415 South Main Street  
Salt Lake City UT 84115

INSURER A Admiral Insurance Company  
INSURER B Federal Insurance Company  
INSURER C Great American E & S  
INSURER D ACE USA  
INSURER E Travelers Insurance

## COVERAGE

POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING EQUIPMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR OBTAIN, 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	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
GENERAL LIABILITY				
<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	A01AG07898	01/01/01	01/01/02	EACH OCCURRENCE \$ 1,000,000.
<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				FIRE DAMAGE (Any one fire) \$
<input checked="" type="checkbox"/> Professional Liab	A01AG07898	01/01/01	01/01/02	MED EXP (Any one person) \$
				PERSONAL & ADV INJURY \$ 1,000,000.
				GENERAL AGGREGATE \$ 3,000,000.
				PRODUCTS COMP/OP AGG \$ 1,000,000.
GEN'L AGGREGATE LIMIT APPLIES PER				
<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				
AUTOMOBILE LIABILITY				
<input checked="" type="checkbox"/> ANY AUTO	73507500	01/01/01	01/01/02	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000.
<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per person) \$
<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident) \$
<input checked="" type="checkbox"/> HIRED AUTOS				PROPERTY DAMAGE (Per accident) \$
<input checked="" type="checkbox"/> NON-OWNED AUTOS				
UMBRELLA LIABILITY				
<input type="checkbox"/> ANY AUTO				AUTO ONLY EA ACCIDENT \$
				OTHER THAN EA ACC \$
				AUTO ONLY AGG \$
EXCESS LIABILITY				
<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE	UM60004144-04	01/01/01	01/01/02	EACH OCCURRENCE \$ 5,000,000.
<input type="checkbox"/> DEDUCTIBLE				AGGREGATE \$ 5,000,000.
<input checked="" type="checkbox"/> RETENTION \$ 10,000				\$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				
	WLR C4 313662-8	01/01/01	01/01/02	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER \$
	WLR C4 313627-6	01/01/01	01/01/02	E.L. EACH ACCIDENT \$ 1,000,000.
				E.L. DISEASE EA EMPLOYEE \$ 1,000,000.
				E.L. DISEASE POLICY LIMIT \$ 1,000,000.
OTHER				
CRIME COVERAGE	056 BY 103434491 BCM	10/01/00	01/01/02	\$5,000,000.

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENTS/SPECIAL PROVISIONS

Certificate Holder is listed as an Additional Insured per Blkt Additional Insured Endt, but only as respects to work performed by the named insured's employees.

DIB 507

## CERTIFICATE HOLDER

Y

ADDITIONAL INSURED INSURER LETTER

## CANCELLATION

CHAWEST

Chaparrall West, Inc.  
Attn: Sandy  
P.O. Box 1765  
Grand Junction CO 81502

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION

DATE THEREOF THE ISSUING INSURER WILL ENDEAVOR TO MAIL

30 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

Steven G. Handley, CFC

*Steven G. Handley*

# ORD. CERTIFICATE OF LIABILITY INSURANCE

SOSSTAF

10/09/01

ified Insurance Brokers  
sh  
South Temple, Ste 2300  
ake City UT 84111  
801-325-5000 Fax: 801-532-2804

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.

## INSURERS AFFORDING COVERAGE

SOS Staffing Services, Inc.  
Intelliant Corporation  
& All Assumed Business Names  
1415 South Main Street  
Salt Lake City UT 84115

INSURER A Admiral Insurance Company  
INSURER B Federal Insurance Company  
INSURER C Great American E & S  
INSURER D ACE USA  
INSURER E Travelers Insurance

## AGES

POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR RETAIN, 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	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
GENERAL LIABILITY				EACH OCCURRENCE \$ 1,000,000.
COMMERCIAL GENERAL LIABILITY	A01AG07898	01/01/01	01/01/02	FIRE DAMAGE (Any one fire) \$
<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$
Professional Liab	A01AG07898	01/01/01	01/01/02	PERSONAL & ADV INJURY \$ 1,000,000.
				GENERAL AGGREGATE \$ 3,000,000.
				PRODUCTS COMP/OP AGG \$ 1,000,000.
N'L AGGREGATE LIMIT APPLIES PER				
POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/>				
OTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000.
ANY AUTO	73507500	01/01/01	01/01/02	BODILY INJURY (Per person) \$
ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$
HIRED AUTOS				
NON-OWNED AUTOS				
AGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
ANY AUTO				OTHER THAN EA ACC \$
				AUTO ONLY AGG \$
EXCESS LIABILITY				EACH OCCURRENCE \$ 5,000,000.
<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE	UM60004144-04	01/01/01	01/01/02	AGGREGATE \$ 5,000,000.
				\$
<input type="checkbox"/> DEDUCTIBLE				\$
<input checked="" type="checkbox"/> RETENTION \$ 10,000				\$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER
WLR C4 313662-8		01/01/01	01/01/02	E L EACH ACCIDENT \$ 1,000,000.
WLR C4 313627-6		01/01/01	01/01/02	E L DISEASE - EA EMPLOYEE \$ 1,000,000.
				E L DISEASE - POLICY LIMIT \$ 1,000,000.
OTHER				
CRIME COVERAGE	056 BY 103434491 BCM	10/01/00	01/01/02	\$5,000,000.

## DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

All Nevada Jobs - Certificate Holder is listed as an Additional Insured  
for Blkt Additional Insured Endt, but only as respects to work performed by  
the named insured's employees.

DIB 508

Fax 775-789-9896

CERTIFICATE HOLDER	Y	ADDITIONAL INSURED, INSURER LETTER: _____	CANCELLATION
ZEPICLEA		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 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	
Zephyr Clean 3225 Suncloud Circle Reno NV 89506		AUTHORIZED REPRESENTATIVE Steven G. Handley, CIO	

# ORD CERTIFICATE OF LIABILITY INSURANCE

Affiliated Insurance Brokers  
 South Temple, Ste 2300  
 Salt Lake City UT 84111  
 801-325-5000 Fax: 801-532-2804

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.

## INSURERS AFFORDING COVERAGE

INSURER A	Admiral Insurance Company
INSURER B	Federal Insurance Company
INSURER C	Great American E & S
INSURER D	ACE USA
INSURER E	Travelers Insurance

SOS Staffing Services, Inc.  
 Inteliant Corporation  
 & All Assumed Business Names  
 1415 South Main Street  
 Salt Lake City UT 84115

## AGES

POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAINTAIN, 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	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
GENERAL LIABILITY				EACH OCCURRENCE \$ 1,000,000.
COMMERCIAL GENERAL LIABILITY	A01AG07898	01/01/01	01/01/02	FIRE DAMAGE (Any one fire) \$
CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$
Professional Liab	A01AG07898	01/01/01	01/01/02	PERSONAL & ADV INJURY \$ 1,000,000.
				GENERAL AGGREGATE \$ 3,000,000.
				PRODUCTS COMP/OP AGG \$ 1,000,000.
EN'L AGGREGATE LIMIT APPLIES PER				
POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/>				
AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000.
ANY AUTO	73507500	01/01/01	01/01/02	BODILY INJURY (Per person) \$
ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$
<input checked="" type="checkbox"/> HIRED AUTOS				
<input checked="" type="checkbox"/> NON-OWNED AUTOS				
TRUCK LIABILITY				AUTO ONLY - EA ACCIDENT \$
ANY AUTO				OTHER THAN EA ACC \$
				AUTO ONLY AGG \$
EXCESS LIABILITY				EACH OCCURRENCE \$ 5,000,000.
<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE	UM60004144-04	01/01/01	01/01/02	AGGREGATE \$ 5,000,000.
DEDUCTIBLE				\$
<input checked="" type="checkbox"/> RETENTION \$ 10,000				\$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
WLR C4 313662-8		01/01/01	01/01/02	E L EACH ACCIDENT \$ 1,000,000.
WLR C4 313627-6		01/01/01	01/01/02	E L DISEASE - EA EMPLOYEE \$ 1,000,000.
				E L DISEASE - POLICY LIMIT \$ 1,000,000.
OTHER				
CRIME COVERAGE	056 BY 103434491 BCM	10/01/00	01/01/02	\$5,000,000.

## DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

: Creekside Corporate Center Project - Certificate Holder is listed as  
 Additional Insured per Blkt Additional Insured Endt, but only as respects  
 work performed by the named insured's employees. Insurance afforded by  
 this policy is considered primary.

DIB 510

CERTIFICATE HOLDER	Y	ADDITIONAL INSURED, INSURER LETTER:	CANCELLATION
Panattoni Construction, Inc. Zephyr Clean 3225 Suncloud Circle Reno NV 89506		PANCONS	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 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	Steven G. Handley, CIO <i>Steven G. Handley</i>

# ORD CERTIFICATE OF LIABILITY INSURANCE CSR CM SOSSTAF DATE (MM/DD/YY) 09/14/01

ER

Classified Insurance Brokers

ph

South Temple, Ste 2300

ke City UT 84111

801-325-5000 Fax:801-532-2804

SOS Staffing Services, Inc.

Intelliant Corporation

& All Assumed Business Names

1415 South Main Street

Salt Lake City UT 84115

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INSURERS AFFORDING COVERAGE

INSURER A: Admiral Insurance Company

INSURER B Federal Insurance Company

INSURER C Great American E & S

INSURER D ACE USA

INSURER E Travelers Insurance

## PAGES

POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING EQUIPMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR 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	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> Professional Liab  ENL AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	A01AG07898	01/01/01	01/01/02	EACH OCCURRENCE	\$ 1,000,000.
				FIRE DAMAGE (Any one fire)	\$
				MED EXP (Any one person)	\$
	A01AG07898	01/01/01	01/01/02	PERSONAL & ADV INJURY	\$ 1,000,000.
				GENERAL AGGREGATE	\$ 3,000,000.
				PRODUCTS - COMP/OP AGG	\$ 1,000,000.
AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	73507500	01/01/01	01/01/02	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	\$
EXCESS LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  <input type="checkbox"/> DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 10,000	UM60004144-04	01/01/01	01/01/02	EACH OCCURRENCE	\$ 5,000,000.
				AGGREGATE	\$ 5,000,000.
					\$
					\$
					\$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	WLR C4 313662-8 WLR C4 313627-6	01/01/01 01/01/01	01/01/02 01/01/02	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER	
				E L EACH ACCIDENT	\$ 1,000,000.
				E L DISEASE - EA EMPLOYEE	\$ 1,000,000.
				E L DISEASE - POLICY LIMIT	\$ 1,000,000.
OTHER CRIME COVERAGE	056 BY 103434491 BCM	10/01/00	01/01/02		\$5,000,000.

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

rtificate Holder is listed as an Additional Insured per Blkt Additional

Insured Endt, but only as respects to work performed by the named insured's

employees.

DIB 518

CERTIFICATE HOLDER	Y	ADDITIONAL INSURED, INSURER LETTER:	CANCELLATION
<div> <div>GALCONS</div> <div> <div>Gallant Construction Co.</div> <div>Attn: Jan Uding</div> <div>21003 River Road</div> <div>Marengo IL 60152</div> </div> </div>			<div> <div>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 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.</div> <div> <div>AUTHORIZED REPRESENTATIVE</div> <div> <div>Steven G. Handley, CFC</div> <div>Handley (3132)</div> </div> </div> </div>

ORD 25-S (7/97)

© ACORD CORPORATION 1988

475

# ACORD CERTIFICATE OF LIABILITY INSURANCE

CSR CM  
SOSSTAF

DATE (MM/DD/YY)  
09/05/01

PRODUCER  
Versified Insurance Brokers  
Utah  
3. South Temple, Ste 2300  
Lake City UT 84111  
Phone: 801-325-5000 Fax: 801-532-2804

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.

## INSURERS AFFORDING COVERAGE

PRODUCER  
SOS Staffing Services, Inc.  
Inteliant Corporation  
& All Assumed Business Names  
1415 South Main Street  
Salt Lake City UT 84115

INSURER A. Admiral Insurance Company  
INSURER B. Federal Insurance Company  
INSURER C. Great American E & S  
INSURER D. ACE USA  
INSURER E. Travelers Insurance

## VERAGES

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.

TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
GENERAL LIABILITY				EACH OCCURRENCE \$ 1,000,000.
<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	A01AG07898	01/01/01	01/01/02	FIRE DAMAGE (Any one fire) \$
<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$
<input checked="" type="checkbox"/> Professional Liab	A01AG07898	01/01/01	01/01/02	PERSONAL & ADV INJURY \$ 1,000,000.
				GENERAL AGGREGATE \$ 3,000,000.
GEN'L AGGREGATE LIMIT APPLIES PER				PRODUCTS - COMP/OP AGG \$ 1,000,000.
<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				
AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000.
<input checked="" type="checkbox"/> ANY AUTO	73507500	01/01/01	01/01/02	BODILY INJURY (Per person) \$
<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$
<input checked="" type="checkbox"/> HIRED AUTOS				
<input checked="" type="checkbox"/> NON-OWNED AUTOS				
GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY. EA ACC \$
				AGG \$
EXCESS LIABILITY				EACH OCCURRENCE \$ 5,000,000.
<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE	UM60004144-04	01/01/01	01/01/02	AGGREGATE \$ 5,000,000.
<input type="checkbox"/> DEDUCTIBLE				\$
<input checked="" type="checkbox"/> RETENTION \$ 10,000				\$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
WLR C4 313662-8		01/01/01	01/01/02	E.L. EACH ACCIDENT \$ 1,000,000.
WLR C4 313627-6		01/01/01	01/01/02	E.L. DISEASE - EA EMPLOYEE \$ 1,000,000.
				E.L. DISEASE - POLICY LIMIT \$ 1,000,000.
OTHER				
CRIME COVERAGE	056 BY 103434491 BCM	10/01/00	01/01/02	\$5,000,000.

## DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

Certificate Holder is listed as an Additional Insured per Blkt Additional Insured Endt, but only as respects to work performed by the named insured's employees.

DIB 520

CERTIFICATE HOLDER	Y	ADDITIONAL INSURED; INSURER LETTER:	CANCELLATION
SILMOUN			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 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.
Silver Mountain Industries Inc 529 E. South Temple Salt Lake City UT 84102			AUTHORIZED REPRESENTATIVE Steven G. Handley, CIC



PRODUCER  
Certified Insurance Brokers  
Utah  
5 E. South Temple, Ste 2300  
Salt Lake City UT 84111  
Phone: 801-325-5000 Fax: 801-532-2804

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.

INSURERS AFFORDING COVERAGE

SOS Staffing Services, Inc.  
Intelliant Corporation  
& All Assumed Business Names  
1415 South Main Street  
Salt Lake City UT 84115

INSURER A: Admiral Insurance Company  
INSURER B: Federal Insurance Company  
INSURER C: Great American E & S  
INSURER D: ACE USA  
INSURER E: Travelers Insurance

VERAGES

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.

TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
GENERAL LIABILITY				EACH OCCURRENCE	\$ 1,000,000.
<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	A01AG07898	01/01/01	01/01/02	FIRE DAMAGE (Any one fire)	\$
<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$
<input checked="" type="checkbox"/> Professional Liab	A01AG07898	01/01/01	01/01/02	PERSONAL & ADV INJURY	\$ 1,000,000.
				GENERAL AGGREGATE	\$ 3,000,000.
GEN'L AGGREGATE LIMIT APPLIES PER				PRODUCTS - COMP/OP AGG	\$ 1,000,000.
<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC					
AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000.
<input checked="" type="checkbox"/> ANY AUTO	73507500	01/01/01	01/01/02	BODILY INJURY (Per person)	\$
<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$
<input checked="" type="checkbox"/> HIRED AUTOS					
<input checked="" type="checkbox"/> NON-OWNED AUTOS					
TRAILER LIABILITY				AUTO ONLY - EA ACCIDENT	\$
<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY	EA ACC \$
				AGG	\$
EXCESS LIABILITY				EACH OCCURRENCE	\$ 5,000,000.
<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE	UM60004144-04	01/01/01	01/01/02	AGGREGATE	\$ 5,000,000.
<input type="checkbox"/> DEDUCTIBLE					\$
<input checked="" type="checkbox"/> RETENTION \$10,000					\$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER	
	WLR C4 313662-8	01/01/01	01/01/02	E.L. EACH ACCIDENT	\$ 1,000,000.
	WLR C4 313627-6	01/01/01	01/01/02	E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000.
				E.L. DISEASE - POLICY LIMIT	\$ 1,000,000.
OTHER					
CRIME COVERAGE	056 BY 103434491 BCM	10/01/00	01/01/02		\$5,000,000.

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

Certificate Holder is listed as an Additional Insured per Blkt Additional Insured Endt, but only as respects to work performed by the named insured's employees.

Sent via fax 970-626-9840

DOB 522

CERTIFICATE HOLDER ☒ ADDITIONAL INSURED; INSURER LETTER: CANCELLATION

PROCONC

Pro-Con Construction  
P.O. Box 585  
Montrose CO 81431

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 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

Steven G. Handley, CIC

# ACORD CERTIFICATE OF LIABILITY INSURANCE

CSR CM  
SOSSTAF

DATE (MM/DD/YY)  
09/04/01

INSURER  
SOS Staffing Services, Inc.  
Inteliant Corporation  
& All Assumed Business Names  
1415 South Main Street  
Salt Lake City UT 84115  
Tel: 801-325-5000 Fax: 801-532-2804

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.

## INSURERS AFFORDING COVERAGE

INSURER A Admiral Insurance Company  
INSURER B Federal Insurance Company  
INSURER C Great American E & S  
INSURER D ACE USA  
INSURER E Travelers Insurance

## COVERAGE

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.

TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
<b>GENERAL LIABILITY</b>				
<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	A01AG07898	01/01/01	01/01/02	EACH OCCURRENCE \$1,000,000.
<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				FIRE DAMAGE (Any one fire) \$
<input checked="" type="checkbox"/> Professional Liab	A01AG07898	01/01/01	01/01/02	MED EXP (Any one person) \$
				PERSONAL & ADV INJURY \$1,000,000.
				GENERAL AGGREGATE \$3,000,000.
				PRODUCTS - COMP/OP AGG \$1,000,000.
GEN'L AGGREGATE LIMIT APPLIES PER				
<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC				
<b>AUTOMOBILE LIABILITY</b>				
<input checked="" type="checkbox"/> ANY AUTO	73507500	01/01/01	01/01/02	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000.
<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per person) \$
<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident) \$
<input checked="" type="checkbox"/> HIRED AUTOS				PROPERTY DAMAGE (Per accident) \$
<input checked="" type="checkbox"/> NON-OWNED AUTOS				
<b>Garage Liability</b>				
<input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$
				OTHER THAN EA ACC \$
				AUTO ONLY AGG \$
<b>EXCESS LIABILITY</b>				
<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE	UM60004144-04	01/01/01	01/01/02	EACH OCCURRENCE \$5,000,000.
<input type="checkbox"/> DEDUCTIBLE				AGGREGATE \$5,000,000.
<input checked="" type="checkbox"/> RETENTION \$10,000				\$
				\$
				\$
<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>				
WLR C4 313662-8	01/01/01	01/01/02	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER	E L EACH ACCIDENT \$1,000,000.
WLR C4 313627-6	01/01/01	01/01/02		E L DISEASE - EA EMPLOYEE \$1,000,000.
				E L DISEASE - POLICY LIMIT \$1,000,000.
<b>OTHER</b>				
CRIME COVERAGE	056 BY 103434491 BCM	10/01/00	01/01/02	\$5,000,000.

## DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

Certificate Holder, it's directors, officers, agents and affiliated companies are listed as Additional Insureds per Blkt Additional Insured Endt, but only as respects to work performed by the named insured's employees.

DIB 523

CERTIFICATE HOLDER ☒ Y ADDITIONAL INSURED; INSURER LETTER: CANCELLATION

WL Homes, LLC  
dba: John Laing Homes  
Attn: Paul Kenner  
4435 South Jones Street, Ste 1  
Loas Vegas NV 89103

WLHOMES

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 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  
Steven G. Handley, CIC

1678

# CORD CERTIFICATE OF LIABILITY INSURANCE

CSR CM  
SOSSTAF

DATE (MM/DD/YY)  
07/09/01

ICER  
arsified Insurance Brokers  
Utah  
South Temple, Ste 2300  
ake City UT 84111  
: 801-325-5000 Fax: 801-532-2804

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.

## INSURERS AFFORDING COVERAGE

ED  
SOS Staffing Services, Inc.  
Inteliant Corporation  
& All Assumed Business Names  
1415 South Main Street  
Salt Lake City UT 84115

INSURER A: Admiral Insurance Company  
INSURER B: Federal Insurance Company  
INSURER C: Agricultural Excess & Surplus  
INSURER D: ACE USA  
INSURER E: Travelers Insurance

## TERMS

POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR 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	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
GENERAL LIABILITY				EACH OCCURRENCE \$ 1,000,000.
<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	A01AG07898	01/01/01	01/01/02	FIRE DAMAGE (Any one fire) \$
<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$
<input checked="" type="checkbox"/> Professional Liab	A01AG07898	01/01/01	01/01/02	PERSONAL & ADV INJURY \$ 1,000,000.
				GENERAL AGGREGATE \$ 3,000,000.
				PRODUCTS - COMP/OP AGG \$ 1,000,000.
GEN'L AGGREGATE LIMIT APPLIES PER:				
<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				
AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000.
<input checked="" type="checkbox"/> ANY AUTO	73507500	01/01/01	01/01/02	BODILY INJURY (Per person) \$
<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$
<input checked="" type="checkbox"/> HIRED AUTOS				
<input checked="" type="checkbox"/> NON-OWNED AUTOS				
TRUCK LIABILITY				AUTO ONLY - EA ACCIDENT \$
<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC \$
				AUTO ONLY: AGG \$
EXCESS LIABILITY				EACH OCCURRENCE \$ 5,000,000.
<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE	UM60004144-04	01/01/01	01/01/02	AGGREGATE \$ 5,000,000.
<input type="checkbox"/> DEDUCTIBLE				\$
<input checked="" type="checkbox"/> RETENTION \$ 10,000				\$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER
	WLR C4 313662-8	01/01/01	01/01/02	E.L. EACH ACCIDENT \$ 1,000,000.
	WLR C4 313627-6	01/01/01	01/01/02	E.L. DISEASE - EA EMPLOYEE \$ 1,000,000.
				E.L. DISEASE - POLICY LIMIT \$ 1,000,000.
OTHER				
CRIME COVERAGE	056 BY 103434491 BCM	10/01/00	01/01/02	\$ 5,000,000.

## DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

Certificate Holder, NBA & SLDA are listed as Additional Insureds per Blkt Additional Insured Endt, but only as respects to work performed by the named insured's employees.

DIB 527

CERTIFICATE HOLDER ☒ Y ADDITIONAL INSURED; INSURER LETTER: CANCELLATION

Altman Charter-NBA Lifestyles  
of Colorado Springs  
Attn: Sheila  
315 Consort Drive  
St. Louis MO 63011

ALTCHAR

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 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.

Steven

*Steven B. Handley*

05130

# ACORD CERTIFICATE OF LIABILITY INSURANCE

BSR CM  
SOSSTAF

DATE (MM/DD/YY)  
08/17/01

PRODUCER  
Verified Insurance Brokers  
Utah  
675 S. South Temple, Ste 2300  
Salt Lake City UT 84111  
Tel: 801-325-5000 Fax: 801-532-2804

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.

## INSURERS AFFORDING COVERAGE

PRODUCER  
SOS Staffing Services, Inc.  
Inteliant Corporation  
& All Assumed Business Names  
1415 South Main Street  
Salt Lake City UT 84115

INSURER A: Admiral Insurance Company  
INSURER B: Federal Insurance Company  
INSURER C: Agricultural Excess & Surplus  
INSURER D: ACE USA  
INSURER E: Travelers Insurance

## VERGES

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 ANY 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	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
GENERAL LIABILITY				EACH OCCURRENCE \$ 1,000,000.
<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	A01AG07898	01/01/01	01/01/02	FIRE DAMAGE (Any one fire) \$
<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$
<input checked="" type="checkbox"/> Professional Liab	A01AG07898	01/01/01	01/01/02	PERSONAL & ADV INJURY \$ 1,000,000.
				GENERAL AGGREGATE \$ 3,000,000.
GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMP/OP AGG \$ 1,000,000.
<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				
AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000.
<input checked="" type="checkbox"/> ANY AUTO	73507500	01/01/01	01/01/02	BODILY INJURY (Per person) \$
<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$
<input checked="" type="checkbox"/> HIRED AUTOS				
<input checked="" type="checkbox"/> NON-OWNED AUTOS				
TRUCK LIABILITY				AUTO ONLY - EA ACCIDENT \$
<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC \$
				AUTO ONLY: AGG \$
EXCESS LIABILITY				EACH OCCURRENCE \$ 5,000,000.
<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE	UM60004144-04	01/01/01	01/01/02	AGGREGATE \$ 5,000,000.
<input type="checkbox"/> DEDUCTIBLE				\$
<input checked="" type="checkbox"/> RETENTION \$ 10,000				\$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER
	WLR C4 313662-8	01/01/01	01/01/02	E.L. EACH ACCIDENT \$ 1,000,000.
	WLR C4 313627-6	01/01/01	01/01/02	E.L. DISEASE - EA EMPLOYEE \$ 1,000,000.
				E.L. DISEASE - POLICY LIMIT \$ 1,000,000.
OTHER				
CRIME COVERAGE	056 BY 103434491 BCM	10/01/00	01/01/02	\$5,000,000.

## DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

Certificate Holder is listed as an Additional Insured per Blkt Additional Insured Endt, but only as respects to work performed by the named insured's employees.

Contact via fax 303-662-1878

DIB 528

## CERTIFICATE HOLDER Y ADDITIONAL INSURED; INSURER LETTER: CANCELLATION

### BEMCONS

Bemas Construction, Inc.  
Attn: Amy  
6890 South Tucson Way, Ste 105  
Englewood CO 80112

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 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.

Steven G. Handley, CIO

PRODUCER  
Diversified Insurance Broker  
of Utah  
136 E. South Temple, Ste 2300  
Salt Lake City UT 84111  
Phone: 801-325-5000 Fax: 801-532-2804

INSURED  
SOS Staffing Services, Inc.  
Intelligent Corporation  
& All Assumed Business Names  
1415 South Main Street  
Salt Lake City UT 84115

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.

#### INSURERS AFFORDING COVERAGE

INSURER A: Admiral Insurance Company  
INSURER B: Federal Insurance Company  
INSURER C: Agricultural Excess & Surplus  
INSURER D: ACE USA  
INSURER E: Travelers Insurance

#### 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 LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	A01AG07898	01/01/01	01/01/02	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any one fire) \$
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	A01AG07898	01/01/01	01/01/02	MED EXP (Any one person) \$
	<input checked="" type="checkbox"/> Professional Liab				PERSONAL & ADV INJURY \$ 1,000,000
B	AUTOMOBILE LIABILITY	73507500	01/01/01	01/01/02	GENERAL AGGREGATE \$ 3,000,000
					PRODUCTS - COMPI/OP AGG \$ 1,000,000
					GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC
B	ANY AUTO	73507500	01/01/01	01/01/02	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
					BODILY INJURY (Per person) \$
					BODILY INJURY (Per accident) \$
					PROPERTY DAMAGE (Per accident) \$
C	EXCESS LIABILITY	UM60004144-04	01/01/01	01/01/02	AUTO ONLY - EA ACCIDENT \$
					OTHER THAN EA ACC \$
					AUTO ONLY: AGG \$
C	RETENTION \$ 10,000	UM60004144-04	01/01/01	01/01/02	EACH OCCURRENCE \$ 5,000,000
					AGGREGATE \$ 5,000,000
					\$
					\$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	WLR C4 313662-8 WLR C4 313627-6	01/01/01 01/01/01	01/01/02 01/01/02	\$
					\$
					\$
					\$
D	OTHER	056 BY 103434491 BCM	10/01/00	01/01/02	X WC STATU-TORY LIMITS OTH-ER
					E.L. EACH ACCIDENT \$ 1,000,000
					E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
					E.L. DISEASE - POLICY LIMIT \$ 1,000,000
E	CRIME COVERAGE	056 BY 103434491 BCM	10/01/00	01/01/02	\$5,000,000

#### DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

Certificate Holders are listed as Additional Insureds per Blkt Additional Insured Endt, but only as respects to work performed by the named insured's employees.

This certificate replaces previous certs issued on 7/9/01 and 8/15/01.

DIB 529

CERTIFICATE HOLDER

Y

ADDITIONAL INSURED; INSURER LETTER: \_\_\_\_\_

CANCELLATION

CL/D/DEMO

Club Demonstration Services  
& Costco Wholesale  
Attn: Holly Gray  
4141 Jutland Drive, Ste 300  
San Diego CA 92117-7237

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 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.

Steven E. Handley, CFC

ACORD CORPORATION

# ICORD CERTIFICATE OF LIABILITY INSURANCE

CSR CM  
SOSSTAF

DATE (MM/DD/YY)  
08/15/01

UCFR  
ersified Insurance Brokers  
Utah  
South Temple, Ste 2300  
ake City UT 84111  
a: 801-325-5000 Fax: 801-532-2804

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.

## INSURERS AFFORDING COVERAGE

RED  
SOS Staffing Services, Inc.  
Inteliant Corporation  
Century Skill Staff  
Century Personnel  
1415 South Main Street  
Salt Lake City UT 84115

INSURER A: Admiral Insurance Company  
INSURER B: Federal Insurance Company  
INSURER C: Agricultural Excess & Surplus  
INSURER D: ACE USA  
INSURER E: Travelers Insurance

## TERMS

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 OTHERWISE 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	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
<b>GENERAL LIABILITY</b>				
<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	A01AG07898	01/01/01	01/01/02	EACH OCCURRENCE \$ 1,000,000.
<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				FIRE DAMAGE (Any one fire) \$
<input checked="" type="checkbox"/> Professional Liab	A01AG07898	01/01/01	01/01/02	MED EXP (Any one person) \$
				PERSONAL & ADV INJURY \$ 1,000,000.
				GENERAL AGGREGATE \$ 3,000,000.
				PRODUCTS - COMP/OP AGG \$ 1,000,000.
GEN'L AGGREGATE LIMIT APPLIES PER:				
<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				
<b>AUTOMOBILE LIABILITY</b>				
<input checked="" type="checkbox"/> ANY AUTO	73507500	01/01/01	01/01/02	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000.
<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per person) \$
<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident) \$
<input checked="" type="checkbox"/> HIRED AUTOS				PROPERTY DAMAGE (Per accident) \$
<input checked="" type="checkbox"/> NON-OWNED AUTOS				
<b>TRUCK LIABILITY</b>				
<input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$
				OTHER THAN EA ACC \$
				AUTO ONLY: AGG \$
<b>EXCESS LIABILITY</b>				
<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE	UM60004144-04	01/01/01	01/01/02	EACH OCCURRENCE \$ 5,000,000.
<input type="checkbox"/> DEDUCTIBLE				AGGREGATE \$ 5,000,000.
<input checked="" type="checkbox"/> RETENTION \$ 10,000				\$
				\$
				\$
<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>				
	WLR C4 313662-8	01/01/01	01/01/02	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
	WLR C4 313627-6	01/01/01	01/01/02	E.L. EACH ACCIDENT \$ 1,000,000.
				E.L. DISEASE - EA EMPLOYEE \$ 1,000,000.
				E.L. DISEASE - POLICY LIMIT \$ 1,000,000.
<b>OTHER</b>				
CRIME COVERAGE	056 BY 103434491 BCM	10/01/00	01/01/02	\$5,000,000.

## DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

Certificate Holder and Costco Wholesale are listed as an Additional Insureds under Blkt Additional Insured Endt, but only as respects to work performed by the named insured's employees.

DIB 531

CERTIFICATE HOLDER Y ADDITIONAL INSURED; INSURER LETTER: CANCELLATION

Club Demonstration  
Services, Inc.  
Attn: Holly Gray  
4141 Jutland Drive, Ste 300  
San Diego CA 92117-7237

CLUDEMO

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 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

Steven C. Bradley

# CORD CERTIFICATE OF LIABILITY INSURANCE

CSR CM  
SOSSTAF

DATE (MM/DD/YY)  
08/03/01

CER  
Certified Insurance Brokers  
Utah  
100 South Temple, Ste 2300  
Salt Lake City UT 84111  
Phone: 801-325-5000 Fax: 801-532-2804

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.

## INSURERS AFFORDING COVERAGE

D  
SOS Staffing Services, Inc.  
Inteliant Corporation  
& All Assumed Business Names  
1415 South Main Street  
Salt Lake City UT 84115

INSURER A: Admiral Insurance Company  
INSURER B: Federal Insurance Company  
INSURER C: Agricultural Excess & Surplus  
INSURER D: ACE USA  
INSURER E: Travelers Insurance

## RANGES

POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR 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	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
GENERAL LIABILITY				EACH OCCURRENCE \$ 1,000,000.
<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	A01AG07898	01/01/01	01/01/02	FIRE DAMAGE (Any one fire) \$
<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$
<input checked="" type="checkbox"/> Professional Liab	A01AG07898	01/01/01	01/01/02	PERSONAL & ADV INJURY \$ 1,000,000.
				GENERAL AGGREGATE \$ 3,000,000.
GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMP/OP AGG \$ 1,000,000.
<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				
AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
<input checked="" type="checkbox"/> ANY AUTO	73507500	01/01/01	01/01/02	BODILY INJURY (Per person) \$
<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$
<input checked="" type="checkbox"/> HIRED AUTOS				
<input checked="" type="checkbox"/> NON-OWNED AUTOS				
GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC \$
				AUTO ONLY: AGG \$
EXCESS LIABILITY				EACH OCCURRENCE \$ 5,000,000.
<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE	UM60004144-04	01/01/01	01/01/02	AGGREGATE \$ 5,000,000.
<input type="checkbox"/> DEDUCTIBLE				\$
<input checked="" type="checkbox"/> RETENTION \$ 10,000				\$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
	WLR C4 313662-8	01/01/01	01/01/02	E.L. EACH ACCIDENT \$ 1,000,000.
	WLR C4 313627-6	01/01/01	01/01/02	E.L. DISEASE - EA EMPLOYEE \$ 1,000,000.
				E.L. DISEASE - POLICY LIMIT \$ 1,000,000.
OTHER				
CRIME COVERAGE	056 BY 103434491 BCM	10/01/00	01/01/02	\$5,000,000.

## DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

Port Holder and IBM Global Services are listed as Additional Insureds, but only as respects to work performed by the named insured's employees. A driver of Subrogation applies on Gen Liab and Work Comp. An Alternate Employer Endorsement is added on the Work Comp.

DIB 533

CERTIFICATE HOLDER ☒ Y ADDITIONAL INSURED; INSURER LETTER: CANCELLATION

KELSERV

Kelly Services  
RE: IBM Global  
404 Royal Lane  
Coppell TX 75019

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL MAIL 30 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.

Steven G. [Signature]

# ICORD CERTIFICATE OF LIABILITY INSURANCE

<b>ICORD</b> Diversified Insurance Brokers Utah South Temple, Ste 2300 Lake City UT 84111 Tel: 801-325-5000 Fax: 801-532-2804		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.	DATE (MM/DD/YY) 08/03/01
<b>ED</b> SOS Staffing Services, Inc. Intelligent Corporation & All Assumed Business Names 1415 South Main Street Salt Lake City UT 84115		<b>INSURERS AFFORDING COVERAGE</b>	
		INSURER A:	Admiral Insurance Company
		INSURER B:	Federal Insurance Company
		INSURER C:	Agricultural Excess & Surplus
		INSURER D:	ACE USA
		INSURER E:	Travelers Insurance

**TERMS**  
 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 OTHERWISE 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	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
GENERAL LIABILITY				EACH OCCURRENCE \$ 1,000,000.
<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	A01AG07898	01/01/01	01/01/02	FIRE DAMAGE (Any one fire) \$
<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$
<input checked="" type="checkbox"/> Professional Liab	A01AG07898	01/01/01	01/01/02	PERSONAL & ADV INJURY \$ 1,000,000.
				GENERAL AGGREGATE \$ 3,000,000.
				PRODUCTS - COMP/OP AGG \$ 1,000,000.
GEN'L AGGREGATE LIMIT APPLIES PER:				
<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC				
AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
<input checked="" type="checkbox"/> ANY AUTO	73507500	01/01/01	01/01/02	BODILY INJURY (Per person) \$
<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$
<input checked="" type="checkbox"/> HIRED AUTOS				
<input checked="" type="checkbox"/> NON-OWNED AUTOS				
Garage Liability				AUTO ONLY - EA ACCIDENT \$
<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC \$
				AUTO ONLY: AGG \$
EXCESS LIABILITY				EACH OCCURRENCE \$ 5,000,000.
<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE	UM60004144-04	01/01/01	01/01/02	AGGREGATE \$ 5,000,000.
<input type="checkbox"/> DEDUCTIBLE				\$
<input checked="" type="checkbox"/> RETENTION \$ 10,000				\$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
	WLR C4 313662-8	01/01/01	01/01/02	E.L. EACH ACCIDENT \$ 1,000,000.
	WLR C4 313627-6	01/01/01	01/01/02	E.L. DISEASE - EA EMPLOYEE \$ 1,000,000.
				E.L. DISEASE - POLICY LIMIT \$ 1,000,000.
OTHER				
CRIME COVERAGE	056 BY 103434491 BCM	10/01/00	01/01/02	\$5,000,000.

**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS**  
 Certificate Holder, its subsidiaries and affiliated companies, are listed as additional Insureds, but only as respects to work performed by the named insured's employees. A Waiver of Subrogation applies on Gen Liab and Work P.  
**DIB 534**

<b>CERTIFICATE HOLDER</b> PHILLIPS 66 Phillips 66 Company, a div of Phillips Petroleum Company Borger Refinery/NGL Proc Ctr P.O. Box 271 Borger TX 79008-0271	<b>ADDITIONAL INSURED; INSURER LETTER.</b> PHILLIPS 66	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 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 Steven G. Handley, CIO
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# ACORD CERTIFICATE OF LIABILITY INSURANCE

CSR CM  
SOSSTAF

DATE (MM/DD/YY)  
07/26/01

INSURER  
Diversified Insurance Brokers  
Utah  
South Temple, Ste 2300  
Lake City UT 84111  
Tel: 801-325-5000 Fax: 801-532-2804

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.

## INSURERS AFFORDING COVERAGE

INSURED  
SOS Staffing Services, Inc.  
Inteliant Corporation  
& All Assumed Business Names  
1415 South Main Street  
Salt Lake City UT 84115

INSURER A: Admiral Insurance Company  
INSURER B: Federal Insurance Company  
INSURER C: Agricultural Excess & Surplus  
INSURER D: ACE USA  
INSURER E: Travelers Insurance

## COVERAGE

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.

TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
GENERAL LIABILITY				EACH OCCURRENCE \$1,000,000.
<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	A01AG07898	01/01/01	01/01/02	FIRE DAMAGE (Any one fire) \$
<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$
<input checked="" type="checkbox"/> Professional Liab	A01AG07898	01/01/01	01/01/02	PERSONAL & ADV INJURY \$1,000,000.
				GENERAL AGGREGATE \$3,000,000.
				PRODUCTS - COMP/OP AGG \$1,000,000.
GEN'L AGGREGATE LIMIT APPLIES PER:				
<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC				
AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident) \$1,000,000.
<input checked="" type="checkbox"/> ANY AUTO	73507500	01/01/01	01/01/02	BODILY INJURY (Per person) \$
<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$
<input checked="" type="checkbox"/> HIRED AUTOS				
<input checked="" type="checkbox"/> NON-OWNED AUTOS				
GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC \$
				AUTO ONLY: AGG \$
EXCESS LIABILITY				EACH OCCURRENCE \$5,000,000.
<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE	UM60004144-04	01/01/01	01/01/02	AGGREGATE \$5,000,000.
<input type="checkbox"/> DEDUCTIBLE				\$
<input checked="" type="checkbox"/> RETENTION \$10,000				\$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
	WLR C4 313662-8	01/01/01	01/01/02	E.L. EACH ACCIDENT \$1,000,000.
	WLR C4 313627-6	01/01/01	01/01/02	E.L. DISEASE - EA EMPLOYEE \$1,000,000.
				E.L. DISEASE - POLICY LIMIT \$1,000,000.
OTHER				
CRIME COVERAGE	056 BY 103434491 BCM	10/01/00	01/01/02	\$5,000,000.

## DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

Certificate Holder is listed as an Additional Insured per Blkt Additional Insured Endt, but only as respects to work performed by the named insured's employees.

DIB 537

CERTIFICATE HOLDER ☒ Y ADDITIONAL INSURED; INSURER LETTER CANCELLATION

PENBROS

Pense Brothers Drilling Co.  
Attn: Kim Pense  
P.O. Box 551  
Fredicktown MO 63645

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 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

Steven *Handley* *Handley*

# **ORD. CERTIFICATE OF LIABILITY INSURANCE** SP ID CM SOSSTAF 04/24/01

R  
 sified Insurance Brokers  
 ph  
 outh Temple, Ste 2300  
 ke City UT 84111  
 : 801-325-5000 Fax: 801-532-2804

THIS CERTIFICATE IS ISSU. 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.

## **INSURERS AFFORDING COVERAGE**

SOS Staffing Services, Inc.  
 Intelliant Corporation  
 & All Assumed Business Names  
 1415 South Main Street  
 Salt Lake City UT 84115

INSURER A: Admiral Insurance Company  
 INSURER B: Federal Insurance Company  
 INSURER C: Agricultural Excess & Surplus  
 INSURER D: ACE USA  
 INSURER E: Travelers Insurance

## **AGES**

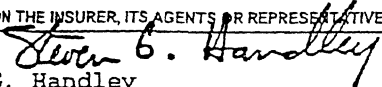
POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING  
 REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR  
 CERTAIN, THE INSURANCE AFFORDED BY THE POLICIES 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	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
GENERAL LIABILITY				EACH OCCURRENCE \$ 1,000,000.
COMMERCIAL GENERAL LIABILITY	A01AG07898	01/01/01	01/01/02	FIRE DAMAGE (Any one fire) \$
<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$
Professional Liab	A01AG07898	01/01/01	01/01/02	PERSONAL & ADV INJURY \$ 1,000,000.
				GENERAL AGGREGATE \$ 3,000,000.
				PRODUCTS - COMP/OP AGG \$ 1,000,000.
EN'L AGGREGATE LIMIT APPLIES PER:				
<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				
UTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000.
<input checked="" type="checkbox"/> ANY AUTO	73507500	01/01/01	01/01/02	BODILY INJURY (Per person) \$
ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$
<input checked="" type="checkbox"/> HIRED AUTOS				
<input checked="" type="checkbox"/> NON-OWNED AUTOS				
GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY: EA ACC \$
				AGG \$
EXCESS LIABILITY				EACH OCCURRENCE \$ 5,000,000.
<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE	UM60004144-04	01/01/01	01/01/02	AGGREGATE \$ 5,000,000.
<input type="checkbox"/> DEDUCTIBLE				\$
<input checked="" type="checkbox"/> RETENTION \$ 10,000				\$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTHER
	WLR C4 313662-8	01/01/01	01/01/02	E.L. EACH ACCIDENT \$ 1,000,000.
	WLR C4 313627-6	01/01/01	01/01/02	E.L. DISEASE - EA EMPLOYEE \$ 1,000,000.
				E.L. DISEASE - POLICY LIMIT \$ 1,000,000.
OTHER				
CRIME COVERAGE	056 BY 103434491 BCM	10/01/00	01/01/02	\$5,000,000.

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

Certificate Holder is listed as an Additional Insured per Blkt Additional  
 Insured Endt, but only as respects to work performed by the named insured's  
 employees.

**DIB 589**

CERTIFICATE HOLDER	ADDITIONAL INSURED, INSURER LETTER:	CANCELLATION
DIGVISI DigiVision Attn: Bob McCracken 410 Rand Bldg 14 Lafayette Square Buffalo NY 14203		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</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.  Steven G. Handley

# CERTIFICATE OF LIABILITY INSURANCE

BP ID CM  
SOSSTAF

DATE (MM/DD/YY)  
04/24/01

Insurance Brokers

Temple, Ste 2300  
City UT 84111  
325-5000 Fax: 801-532-2804

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.

## INSURERS AFFORDING COVERAGE

INSURER A: Admiral Insurance Company  
INSURER B: Federal Insurance Company  
INSURER C: Agricultural Excess & Surplus  
INSURER D: ACE USA  
INSURER E: Travelers Insurance

SOS Staffing Services, Inc.  
Intelligent Corporation  
All Assumed Business Names  
1415 South Main Street  
Salt Lake City UT 84115

## PAGES

POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR CERTAIN, 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	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
GENERAL LIABILITY				EACH OCCURRENCE \$ 1,000,000.
COMMERCIAL GENERAL LIABILITY	A01AG07898	01/01/01	01/01/02	FIRE DAMAGE (Any one fire) \$
<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$
Professional Liab	A01AG07898	01/01/01	01/01/02	PERSONAL & ADV INJURY \$ 1,000,000.
				GENERAL AGGREGATE \$ 3,000,000.
				PRODUCTS - COMP/OP AGG \$ 1,000,000.
AGGREGATE LIMIT APPLIES PER:				
POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				
OMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000.
ANY AUTO	73507500	01/01/01	01/01/02	BODILY INJURY (Per person) \$
ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$
HIRED AUTOS				
NON-OWNED AUTOS				
AGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
ANY AUTO				OTHER THAN EA ACC \$
				AUTO ONLY: AGG \$
ESS LIABILITY				EACH OCCURRENCE \$ 5,000,000.
OCCUR <input type="checkbox"/> CLAIMS MADE	UM60004144-04	01/01/01	01/01/02	AGGREGATE \$ 5,000,000.
				\$
				\$
				\$
DEDUCTIBLE				\$
RETENTION \$ 10,000				\$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				X WC STATUTORY LIMITS OTHER
	WLR C4 313662-8	01/01/01	01/01/02	E L EACH ACCIDENT \$ 1,000,000.
	WLR C4 313627-6	01/01/01	01/01/02	E L DISEASE - EA EMPLOYEE \$ 1,000,000.
				E L DISEASE - POLICY LIMIT \$ 1,000,000.
TIME COVERAGE	056 BY 103434491 BCM	10/01/00	01/01/02	\$5,000,000.

ON OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

Certificate Holder is listed as an Additional Insured per Blkt Additional and Endt, but only as respects to work performed by the named insured's employees.

DIB 590

CATE HOLDER	N	ADDITIONAL INSURED, INSURER LETTER:	CANCELLATION
DIRECT TV, Inc. Sales Support 2230 E Imperial Hwy El Segundo CA 90245		DIRECT TV	<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 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</p> <p>Steven G. Handley</p>

Tab G

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---Original Message-----  
From: Steve Handley [mailto:shandley@dib-srs.com]  
Sent: Thursday, August 09, 2001 8:46 AM  
To: Mark Marshall; John Morrison; Steve Fox  
Subject: [Fwd: SOS staffing]

This is the e-mail we discussed at lunch yesterday . . . . .

*Ofcs' ENCL 18*  
*10:30 AM 2 PAGES*  
*John Morrison*

*(18-1)*

SS000367

**From:** schochon@chubb.com  
**Sent:** Tuesday, August 7, 2001 2:52 PM  
**To:** shandley@dib-srs.com; cmaupin@dib-srs.com  
**Subject:** SOS staffing

---

Steve,

I have been doing some additional research on this account regarding the additional insured requests and have found out the following:

Under the Who is an insured section of the policy, paragraph C extends coverage to "Anyone else who is not otherwise excluded under paragraph b. above and is liable for the conduct of an "insured" but only to the extent of that liability".

We have also found that ISO does not have a standard form for adding an additional insured, but rather relies on this wording.

>From this, I would foresee SOS referring to this information to satisfy the concerns of the customers in the future. We need to establish this as the proper response when these requests are made. By adding an actual additional insured, SOS could potentially be picking up the exposures from the customers operations (deep pocket ) in severity case, where SOS has no connection to the customer. In severe cases it is amazing where coverage can be found.

I do not want to get into a position where we are providing excess coverage to the various customers of SOS. Lets discuss this further when you return.

13-2

**From:** Carrie A. Maupin <c. maupin@dib-srs.com>  
**Sent:** Thursday, August 9, 2001 8:29 AM  
**To:** Steve Fox; Mark Marshall; Steven G. Handley  
**Subject:** Cert for Alcoa

---

Steve,

I held off doing this certificate until Steve had lunch with you guys and discussed. I have been advised by Steve and underwriter that the wording for the additional insured is inferred in the "who is an insured" section of the policy, paragraph c; "anyone else who is not otherwise excluded under paragraph b. above and is liable for the conduct of an "insured" but only to the extent of that liability".

With this in mind, the underwriter is not willing to specifically list each additional insured on the certificate for the auto section. By adding an actual additional insured, SOS could potentially be picking up the exposures from the customers operations (deep pocket) in severity cases where SOS has no connection to the customer.

Can we issue the cert without additional insured on the auto. In most cases, of which you are aware, they ask for everything and not know why they need it.

Please let me know.

Thanks,  
Carrie

Steve will be forwarding an email from the underwriter. It basically states why I mentioned above.

ALL  
19  
1  
also mention

SS000878

Tab H



# Using This Dictionary

The English language, like any language that is spoken and written every day, is in a constant state of flux. New words are coined and old words take on new meanings. Some words fade out of common usage. The *Random House Webster's Unabridged Dictionary*, provides a wealth of information about the present state of the language and gives easy access to words that have been in use for centuries as well as those that have become current only within the past few years.

## The Basics

For every term defined in the dictionary, the reader can typically find

- the spelling, including common alternate forms
- the division into syllables, as an approximate guide to where to add a hyphen at the end of a line
- the pronunciation used in conversational speech, including common alternative pronunciations
- the part of speech
- the meaning(s) of the term, with the most common senses listed first
- the less common, historical, or technical senses of the term
- the date when the term first appeared in English and its source or relatives in other languages
- other related words that are created from the main word

## Finding the Words You Are Looking For

To help you find the words you are looking for, all the main entries in the dictionary, including abbreviations and biographical

**fa•ji•tas** (fə-jē'taz, fə-) *n.* (used with a sing or pl. v.) a Tex Mex dish of thin strips of marinated and grilled meat served with tortillas, salsa, etc. [1975-80 < AmerSp pl. of *fajita* lit. 'little sash']

### Spelling

### Syllable dots

**blin•i** (blin'e ble'ne) *n.* *pl.* **blin•i, blin•is** a small yeast raised pancake usu. made with buckwheat flour and often served with caviar and sour cream [*<* Russ *bliny* pl. of *blin* ORuss *blinu*]

### Pronunciation

**child's/ play/**, *n.* something very easily done [1350-1400]

### Part of speech

**boo•ty** (bū'tē) *n.*, *pl.* **-ties** 1. spoil taken from an enemy in war; plunder; booty 2. something that is seized by violence and robbery 3. any prize or gain [1425-75, late ME *botye* var. of *buty* < MLG *bute* booty (orig. a sharing of the spoils), *oo* of *boot*]

### Most common meanings first

**blun•der** (blun'dər) *n.* 1. a gross stupid, or careless mistake —*v.* 2. to move or act clumsily, stupidly, or seemingly without guidance *We blundered into the wrong room.* 3. to make a mistake esp. through carelessness, stupidity, or confusion —*v.* 4. to bungle; botch 5. to utter thoughtlessly, blurt out [1350-1400; ME *blunderen*, *blundren* < ON *blinda*, 'short one's eyes, nap, etc.'; Norw. dial. *blundra*] —*blun'der•er*, *n.* —*blun'der•ing•ly*, *adv.* —*Syn.* See MISTAKE

### Word history (etymology)

### Words created from main entry

conical, circular, or rectangular pile of hay, straw, or the like. 3. Often, **stacks**, a set of shelves for books ranged compactly one above the other, as in a library. 4. **stacks**, the part of a library in which books and other holdings are stored. 5. a number of chimneys or flues grouped together. 6. **smokestack**. 7. a great quantity or number. 8. a radio antenna consisting of a number of components connected in a substantially vertical series. 9. a linear list, as in a computer, arranged so that the last item stored is the first item retrieved. 10. a conical, free-standing group of three rifles placed on their butts and hooked together. 11. a group of airplanes circling over an airport awaiting their turns to land. 12. an English measure for coal and wood, equal to 108 cubic feet (3 cu. m). 13. a. a given quantity of chips that can be bought at one time, as in poker. b. the quantity of chips held by a player at a given point. —*v.t.* 14. to pile, arrange, or place in a stack. 15. to cover or load with something in stacks or piles. 16. to arrange or select unfairly in order to force a desired result: *to stack a jury*. 17. to keep (incoming airplanes) flying in circles over an airport where conditions prevent immediate landings. —*v.i.* 18. to be arranged in or form a stack. 19. **stack up**, a. to control the flight patterns of airplanes waiting to land at an airport so that each circles at a designated altitude. b. to compare; measure up (often fol. by *against*). c. to add up. —*Idiom*. 20. **stack the deck**, a. to arrange cards or a pack of cards so as to cheat. b. to manipulate events, information, etc., esp. unethically, in order to achieve a desired result. [1250–1300; (n.) ME *stak* < ON *stakkr* haystack] —**stack'er**, *n.* —**stack/less**, *adj.*

**stack-a-ble** (stak'ə bəl), *adj.* stacked easily. [1960–65]  
**tacked** (stakt), *adj.* **Slang**. (of a woman) having a voluptuous figure. [1940–45; Amer.]

**jack-up** (stak'up/), *n.* **STACK** (def. 11).

**ac-te** (stak'tē), *n.* one of the sweet spices used in the holy incense of the ancient Hebrews. Ex. 30:34. [1350–1400; < L *stactē* myrrh < *staktē*, fem. of *staktōs* trickling]

**ad-dle** (stad'l), *n.* 1. the lower part of a stack of hay or the like. 2. platform or supporting frame for a stack. 3. any supporting framework or base. [bef. 900; ME *stathel*, OE *stathol* base, support, tree trunk, c. OHG *stadal* barn, ON *stophull* milking place; akin to *stead*]

**ad-hold-er** also **stadt-hold-er** (stad'hōl/dər, stat'-) *n.* 1. the chief magistrate of the former republic of the United Provinces of the Netherlands. 2. (formerly, in the Netherlands) the viceroy or governor of a province. [1585–95; partial trans. of D *stadhouder* = *stad* place holder; *holder*; trans. of ML *locum tenens*]

**di-a'** (stā'dē ə), *n.*, pl. **-di-as**. 1. a surveying method of measuring distance through the telescope of a transit or alidade by reading an interval that the cross hairs intercept on a graduated rod held upright at the distant point. 2. the rod used for this purpose. [1860–65; rh. identical with *stadia*']

**di-a'** (stā'dē ə), *n.* a pl. of **STADIUM**.

**di-um** (stā'dē əm), *n.*, pl. **-di-ums**, **-di-a** (-dē ə). 1. a sports arena, usu. oval or horseshoe-shaped, with tiers of seats for spectators. 2. (in ancient Greece and Rome) a track for foot races. 3. a. an ancient Greek unit of length of varying value, from about 583 feet (7.6 m) to 631 feet (192.3 m). b. an ancient Roman unit of length, equal to about 607 feet (185 m). 4. a stage in a process or in the life of an organism, as that between molts. [1375–1425; a measure < L *stādion*]

**il-Hols-tein** (stäl'öl sten'), *n.* Anne Louise Germaine Necker, **onne de**, (*Madame de Staël*) 1766–1817, French writer.

**staff** (stäf), *n.*, pl. **staf-fs** for 1–3, 7; **staves** (stävz) or **staf-fs** for 8, 9; *adj.*, *v.* —*n.* 1. a group of people, esp. employees, who carry out the work of an establishment or perform a specific function. 2. group of assistants to a manager, superintendent, or executive. 3. body of military officers appointed to assist a commanding officer. 4. the parts of an army concerned with administration rather than combat. 5. a stick, pole, or rod for aid in walking or climbing, use as a weapon, etc. 6. a rod serving as a symbol of office or authority. 7. a pole on which a flag is hung or displayed. 8. something supports or sustains. 9. Also, **stave**, a set of usu. five horizontal lines, with the corresponding four spaces between them, on which music is written. 10. *Archaic*. the shaft of a spear, lance, etc. —*adj.* 11. pertaining to a military or organizational staff. 12. employed on staff of a corporation, publication, institution, etc.: a *staff writer*. 13. to provide with a staff of assistants or workers. 14. to serve on staff of. 15. to send to a staff for study or further work (often *y out*). [bef. 900; OE *stæf*, c. OFris *staf*, OS *staf*, OHG *stap*, ON *staf*] —**Usage**. See **COLLECTIVE NOUN**.

(*staf*, *stäf*), *n.* a composition of plaster and fibrous material for a temporary finish and in ornamental work, as on exposition buildings. [1890–95, Amer.; perh. < G *Stoff* stuff]

**a** (staf'ə), *n.* an island in W Scotland, in the Hebrides: site of St. Kilda.

**staf** (staf'ər, stä'far), *n.* a member of a staff of employees, as at a newspaper. [1680–90]

**of Aescula-pius**, *n.* a representation of a forked staff entwined with a serpent, used as a symbol of the medical profession.

**officer**, *n.* a commissioned officer who is a member of a military staff. [1695–1705]

**of life**, *n.* bread, considered as the mainstay of the human race. [1630–40]

**rd** (staf'ərd), *n.* 1. Jean, 1915–79, U.S. novelist and short-story writer. 2. a city in Staffordshire, in central England. 121,500. 3. **STAFFSHIRE**.

**rd-shire** (staf'ərd shēr', -shər), *n.* a county in central Eng-

land. 1,047,400; 1154 sq. mi. (2715 sq. km). Also called **Stafford**, **Staffs** (stafs).

**Staffordshire bull/terrier**, *n.* one of an English breed of stocky, muscular dogs with a broad head and chest, wide-set forelegs, and a smooth coat, orig. raised for bullbaiting and dogfighting. [1935–40]

**Staffordshire terrier**, *n.* AMERICAN STAFFORDSHIRE TERRIER.

**staff/sergeant**, *n.* 1. a noncommissioned officer in the U.S. Army ranking above a sergeant and below a sergeant first class. 2. a noncommissioned officer in the U.S. Marine Corps ranking above a sergeant and below a gunnery sergeant. 3. a noncommissioned officer in the U.S. Air Force ranking above a sergeant and below a technical sergeant. [1805–15]

**stag** (stag), *n.*, *adj.*, *adv.*, *v.*, **stagg**, **stag-ging**. —*n.* 1. an adult male deer. 2. the male of various other animals. 3. a man who attends a social gathering unaccompanied by a woman. 4. **STAG PARTY**. 5. a swine or bull castrated after maturation of the sex organs. —*adj.* 6. of or for men only: *a stag dinner*. 7. intended for male audiences and usu. pornographic in content: *a stag show*. —*adv.* 8. without a companion or date: *to go stag*. —*v.i.* 9. (of a man) to attend a social function without a female companion. [1150–1200; akin to ON *stegg*, *stegg* male bird, Icel *steggur* male fox, tomcat]

**stag/bee/tle**, *n.* any of numerous beetles of the family Lucanidae, some of the males of which have mandibles resembling the antlers of a stag. [1675–85]

**stage** (stāj), *n.*, *v.*, **staged**, **stag-ing**. —*n.* 1. a phase, degree, or step in a process, development, or series. 2. a raised platform or floor, as for speakers or performers. 3. a. the platform on which the actors perform in a theater. b. this platform with all the parts of the theater and all the apparatus back of the proscenium. 4. **the stage**, the theater, esp. acting, as a profession. 5. **SOUND STAGE**. 6. the scene of any action. 7. a stagecoach. 8. a place of rest on a journey, esp. a regular stopping place of a stagecoach. 9. the distance between two places of rest on a journey. 10. a portion or period of a course of action or of life: *the pupal stage of an insect*. 11. a division of stratified rocks corresponding to a single geologic age. 12. the small platform of a microscope on which the object to be examined is placed. 13. an element or functional unit of an electronic system, as a circuit containing a section of one of the tubes or transistors of an amplifier. 14. a section of a rocket containing one or more engines, usu. designed to separate after burnout. —*v.t.* 15. to represent, produce, or exhibit on or as if on a stage: *to stage a play*. 16. to furnish with a stage, staging, stage set, etc. 17. to set (a play) in a specified locale or time. 18. to plan, organize, or carry out, esp. for public or dramatic effect: *Workers staged a one-day strike*. 19. to classify the natural progression of (a disease, esp. cancer). [1250–1300; ME (n.) < OF *estage* < VL \**stadium* standing place = *stat(us)*, ptp. of *stāre* to STAND + *-icum*, neut. of *-icus* -ic] —**stage/a-ble**, *adj.*

**stage/busi/ness**, *n.* **BUSINESS** (def. 10). [1815–25]

**stage-coach** (stāj'kōch'), *n.* a horse-drawn coach that formerly traveled over a fixed route with passengers, parcels, etc. [1630–40]

**stage-craft** (stāj'kraft', -kräft'), *n.* skill in or the art of writing, adapting, or staging plays. [1880–85]

**stage/fright**, *n.* nervousness felt by a performer or speaker when appearing before an audience. [1875–80]

**stage-hand** (stāj'hand'), *n.* a person who moves properties, regulates lighting, etc., in a theatrical production. [1900–05]

**stage/left**, *n.* the part of the stage that is left of center as one faces the audience. [1930–35]

**stage/man/age**, *v.*, **-aged**, **-ag-ing**. —*v.t.* 1. to work as a stage manager for. 2. to direct unobtrusively or in secret. —*v.i.* 3. to work as a stage manager. [1875–80] —**stage/ man/ager**, *n.*

**stage/right**, *n.* the part of the stage that is right of center as one faces the audience. [1930–35]

**stage/set/ting** (or **set**'), *n.* **SETTING** (def. 7).

**stage/struck** or **stage/-struck**, *adj.* 1. obsessed with the desire to become an actor or actress. 2. enthralled by the theater and the people, customs, traditions, etc., associated with it. [1805–15]

**stage/whis/per**, *n.* 1. a loud whisper on a stage, meant to be heard by the audience. 2. any loud whisper. [1860–65]

**stage-y** (stāj'yē), *adj.*, **stag-i-er**, **stag-i-est**. **STAGY**.

**stag-fla-tion** (stag flā'shən), *n.* an inflationary period accompanied by rising unemployment and lack of increase in business activity. [1965–70; b. **STAGNATION** and **INFLATION**]

**stag-ger** (stag'ər), *v.i.* 1. to walk, move, or stand unsteadily. 2. to falter or begin to give way, as in an argument. 3. to waver or hesitate, as in purpose or resolve. —*v.t.* 4. to cause to reel, totter, or become unsteady. 5. to astonish or shock: *a fact that staggers the mind*. 6. to cause to waver or falter. 7. to arrange in an alternating pattern: *to stagger lunch hours*. —*n.* 8. the act of staggering; a reeling or tottering movement. 9. a staggered order or arrangement. 10. **staggers**, (used with a sing. v.) any of several severe diseases of livestock characterized by a staggering gait. [1520–30; earlier *stacker* to reel, ME *stakeren* < ON *stakra* to reel = *stak(a)* to stagger + *-ra* freq. suffix] —**stag/ger-er**, *n.*

**stag-ger-ing** (stag'ə ring), *adj.* tending to stagger or overwhelm: *a staggering amount of money*. [1555–65] —**stag/ger-ing-ly**, *adv.*

**stag/horn cor'al** (stag'hörn'), *n.* any of several stony corals of the genus *Acropora*, having the skeleton branched like antlers. [1880–85]

**stag/horn su'mac**, *n.* a sumac, *Rhus typhina*, of E North America, having leaves that turn scarlet, orange, and purple in the autumn.

**stag-hound** (stag'hound'), *n.* a hound trained to hunt stags and other large animals. [1700–10]

1074

the tropic of Capricorn and the Antarctic Circle in the Southern Hemisphere, having a climate that is warm in the summer, cold in the winter, and moderate in the spring and fall.

**tem-per-a-ture** (tem'pər ə chər, -chōōr', -prə-, -pər chər, -chōōr'), *n.* 1. a measure of the warmth or coldness of an object or substance with reference to some standard value. 2. a. the degree of heat in a living body, normally about 98.6°F (37°C) in humans. b. a level of such heat above the normal; fever: *running a temperature*. 3. Obs. mildness, as of the weather. 4. Obs. temperament. [1525-35; < L *temperātūra* blending, tempering. See TEMPERATE, -URE]

**tem-pered** (tem'pərd), *adj.* 1. having a temper or disposition as specified (usu. used in combination): *a good-tempered child*. 2. Music. tuned in accordance with some temperament, esp. equal temperament. 3. made less intense or violent, esp. by the influence of something else. 4. properly mixed, as clay. 5. of or pertaining to steel or cast iron that has been tempered. [1325-75]

**tem-pest** (tem'pist), *n.* 1. a violent windstorm, esp. one with rain. 2. a violent commotion, disturbance, or tumult. —*v.t.* 3. to affect by a tempest; disturb violently. [1200-50; ME *tempeste* < OF < VL *\*tempesta*, for L *tempestās* season, weather, storm = *tempe-* (var. s. of *tempus* time) + *-tās* -ty']

**tem-pes-tu-ous** (tem'pes'chōō əs), *adj.* 1. characterized by or subject to tempests. 2. resembling a tempest. 3. tumultuous. [1500-10; < LL *tempestuosus*] —*tem-pes'tu-ous-ly*, *adv.* —*tem-pes'tu-ous-ness*, *n.*

**tem-pi** (tem'pē), *n.* a pl. of TEMPO.

**Tem-plar** (tem'plār), *n.* 1. KNIGHT TEMPLAR. 2. a barrister or other person occupying chambers in the Temple, London. [1250-1300; ME *templar* < AF < ML *templārius*; see TEMPLE<sup>1</sup>, -AR<sup>1</sup>, -ER<sup>1</sup>]

**tem-plate** (tem'plit), *n.* 1. a pattern, mold, or the like, usu. consisting of a thin plate of wood or metal, serving as a gauge or guide in mechanical work. 2. anything that determines or serves as a pattern; a model: *You can use my notes as a template for employee evaluations*. 3. a horizontal piece, as of timber or stone, in a wall, to receive and distribute the pressure of a girder, beam, or the like. 4. Genetics. a strand of DNA that serves as pattern for the formation of a complementary strand. 5. a flat strip, as of cardboard, placed on a computer keyboard to provide ready reference to software commands. 6. an electronic file with a predesigned, customized format and structure, as for a fax, letter, or expense report, ready to be filled in. 7. a marble base for a toilet. Sometimes *tem'plet*. [1670-80; alter. of TEMPLET, appar. by falsely etymologizing final syllable as PLATE]

**tem-ple<sup>1</sup>** (tem'pāl), *n.* 1. an edifice or place dedicated to the service or worship of a deity. 2. (usu. *cap.*) any of the three successive houses of worship in Jerusalem in use by the Jews in Biblical times. 3. a synagogue. 4. a church, esp. a large or imposing one. 5. any place or object in which God dwells, as the body of a Christian. I Cor. 6:19. 6. (in the Church of Jesus Christ of Latter-day Saints) a building for sacred ordinances. 7. any large or pretentious public building. 8. (*cap.*) either of two groups of buildings on the site of the Templars' former establishment in London, occupied by two of the Inns of Court. 9. a building used by a fraternal order. [bef. 900; ME, var. of *templē*, OE < L *templum* space demarcated by an augur for taking auspices, temple]

**tem-ple<sup>2</sup>** (tem'pāl), *n.* 1. the region of the face that lies on either side of the forehead. 2. either of the sidepieces of a pair of eyeglasses extending back above the ears. [1275-1325; ME < MF < VL *\*tempula*, for L *tempora* the temples, pl. (taken as fem. sing.) of *tempus* temple]

**Tem-ple** (tem'pāl), *n.* 1. Shirley (Shirley Temple Black), born 1928, U.S. film actress and diplomat. 2. Sir William, 1628-99, English essayist and diplomat.

**tem-ple or-ange**, *n.* a hybrid citrus fruit that is a cross between a sweet orange and a tangerine.

**tem-plet** (tem'plit), *n.* TEMPLE. [1670-80; perh. < F, dim. of *temple* a device in a loom for keeping the cloth stretched (< L *templum* pur-lin, appar. identical with *templum* TEMPLE<sup>1</sup>; see -ET)]

**tem-po** (tem'pō), *n., pl. -pos, -pi* (-pē). 1. the rate of speed of a musical passage or work, usu. indicated by printed direction, as *largo*, or by a metronome setting. 2. any characteristic rate, rhythm, or pattern: *the tempo of city life*. [1680-90; < It < L *tempus* time]

**tem-po-ral<sup>1</sup>** (tem'pər əl, tem'prāl), *adj.* 1. of or pertaining to time. 2. pertaining to the present life; worldly: *temporal joys*. 3. temporary or transitory, as opposed to eternal. 4. of or pertaining to verb tenses or the expression of time: *a temporal adverb*. 5. secular, lay, or civil, as opposed to ecclesiastical. —*n.* Usu., *temporals*. 6. a temporal possession, estate, or the like; temporality. 7. a temporal matter or affair. [1300-50; ME (adj. and *n.*) < L *temporalis* = *tempor-*, s. of *tempus* time + *-ālis* -al'] —*tem-po-ral-ly*, *adv.* —*tem-po-ral-ness*, *n.*

**tem-po-ral<sup>2</sup>** (tem'pər əl, tem'prāl), *adj.* 1. of, pertaining to, or situated near the temple or a temporal bone. —*n.* 2. any of several parts in the temporal region, esp. the temporal bone. [1535-45; < LL *temporalis* = L *tempor-*, s. of *tempus* TEMPLE<sup>2</sup> + *-ālis* -al']

**tem-poral bone<sup>1</sup>**, *n.* either of a pair of compound bones forming the sides of the primate skull. [1765-75]

**tem-po-ral-i-ty** (tem'pər əl'ē tē), *n., pl. -ties*. 1. temporary character or nature. 2. something temporal. 3. Usu., *temporalities*. temporal possession, revenue, or the like, as of the church or clergy.

**tem-poral lobe<sup>1</sup>**, *n.* the lateral lobe of each cerebral hemisphere, in front of the occipital lobe. [1890-95]

**tem-po-rar-y** (tem'pər rē'ē), *adj., n., pl. -rar-ies*. —*adj.* 1. lasting or effective for a time only; not permanent. —*n.* 2. an office worker hired, usu. through an agency on a per diem basis, for a short period

of time. [1540-50; < L *temporarius* = *tempor-*, s. of *tempus* time + *-arius* -ARY] —*tem-po-rar-i-ly*, *adv.* —*tem-po-rar-i-ness*, *n.* —*Syn.* TEMPORARY, TRANSIENT, TRANSITORY agree in referring to that which is not lasting or permanent. TEMPORARY implies an arrangement established with no thought of continuance but with the idea of being changed soon: *a temporary structure*. TRANSIENT describes that which is in the process of passing by, and which will therefore last or stay only a short time: *a transient condition*. TRANSITORY describes an innate characteristic by which a thing, by its very nature, lasts only a short time: *Life is transitory*.

**tem-po-rize** (tem'pə rīz'), *v.i., -rized, -riz-ing*. 1. to be indecisive or evasive to gain time or delay acting. 2. to comply with the time or occasion. 3. to treat or parley so as to gain time (usu. fol. by *with*). [1570-80; < ML *temporizāre* to hang back, delay = L *tempor-*, s. of *tempus* time + ML *-izāre* -ize] —*tem-po-riz'er*, *n.*

**temporo-**, a combining form representing TEMPLE<sup>2</sup>: *temporomandibular*. [< L *tempor-*, s. of *tempus* TEMPLE<sup>2</sup> + -o-]

**tem-po-ro-man-dib-u-lar** (tem'pə rō man dīb'yə lər), *adj.* of, pertaining to, or situated near the hinge joint formed by the lower jaw and the temporal bone. [1885-90]

**tem-poromandib-ular joint<sup>1</sup>** *syn/drome*, *n.* a group of symptoms stemming from tension in or faulty articulation of the temporomandibular joint, including pain in the head or neck region and dizziness.

**tempt** (tempt), *v.t.* 1. to entice or allure to do something often regarded as unwise, wrong, or immoral. 2. to attract, appeal strongly to, or invite: *The offer tempts me*. 3. to put to the test in a venture some way; provoke: *to tempt one's fate*. 4. Obs. to try or test. [1175-1225; ME < L *temptāre* to probe, test, tempt] —*tempt-a-ble*, *adj.* —*Syn.* TEMPT, SEDUCE both mean to allure or entice someone into an unwise, wrong, or wicked action. To TEMPT is to attract by holding out the probability of gratification or advantage, often in regard to what is wrong or unwise: *to tempt a high official with a bribe*. To SEDUCE is to lead astray, as from duty or principles, but more often from moral rectitude, chastity, etc.: *to seduce a soldier from loyalty*.

**temp-ta-tion** (temp tā'shən), *n.* 1. the act of tempting; enticement or allurements. 2. something that tempts, entices, or allures. 3. the fact or state of being tempted, esp. to evil. 4. an instance of this. [1175-1225; ME *temptacion* < L *temptātiō*. See TEMPT, -TION]

**tempt-er** (temp'tər), *n.* 1. one that tempts, esp. to evil. 2. the Tempter, Satan. [1350-1400; ME *temptour* < OF *temptere* < LL *temptātor* tempter (to sin), L: one who attempts; see TEMPT, -TOR]

**tempt-ing** (temp'ting), *adj.* enticing or inviting. [1540-50] —*tempt-ing-ly*, *adv.* —*tempt-ing-ness*, *n.*

**tempt-ress** (temp'tris), *n.* a woman who tempts, entices, or allures. [1585-95] —*Usage*. See -ESS.

**tem-pu-ra** (tem'pōōrə), *n.* a Japanese dish of seafood or vegetables dipped in batter and deep-fried. [1935-40; < Japn *tempura*, allegedly < Pg *tempēro* seasoning, taste (der. of *temperar* to season < L *temperāre*; see TEMPER)]

**tem-pus fu-git** (tem'pōōs fōō'git; Eng. tem'pas fyōō'jit), *Latin*. time flies.

**Te-mu-co** (tā mōō'kō), *n.* a city in S Chile. 217,789.

**ten** (ten), *n.* 1. a cardinal number, nine plus one. 2. a symbol for this number, as 10 or X. 3. a set of this many persons or things. 4. a ten-dollar bill. 5. Also called *ten's place*. a. (in a mixed number) the position of the second digit to the left of the decimal point. b. (in a whole number) the position of the second digit from the right. —*adj.* 6. amounting to ten in number. [bef. 900; ME *ten(e)*, *tenn(e)*, OE *tēn(e)*, *tien(e)*, c. OFris *tian*, OS *tehan*, OHG *zehan*, ON *tīu*, Go *tai-hun*, L *decern*, Gk *dēka*, Skt *daśa*]

**ten<sup>1</sup>**, 1. tenor. 2. Music. *tenuto*.

**ten-a-ble** (ten'ə bəl), *adj.* capable of being held, maintained, or defended. [1570-80; < F: that can be held = *ten(ir)* to hold (< L *ten-ēre*) + *-able* -ABLE] —*ten-a-bil-i-ty*, *ten-a-ble-ness*, *n.* —*ten-a-bly*, *adv.*

**ten-ace** (ten'ās'), *n.* (in bridge) a sequence of two high cards of the same suit that lack an intervening card to be in consecutive order, as the ace and queen. [1645-55; < F < Sp *tenazas* lit., tongs]

**te-na-cious** (tə nā'shəs), *adj.* 1. holding fast; characterized by keeping a firm hold (often fol. by *of*): *a tenacious grip*; *tenacious of old habits*. 2. highly retentive: *a tenacious memory*. 3. persistent or stubborn. 4. adhesive or sticky. 5. holding together; cohesive. [1600-10; < L *tenāx*, s. *tenāc-* holding fast, tenacious, *adj.* der. of *tenēre* to hold] —*te-na-cious-ly*, *adv.* —*te-na-cious-ness*, *n.*

**te-nac-i-ty** (tə nas'ē tē), *n.* the quality or property of being tenacious. —*Syn.* See PERSEVERANCE.

**te-nac-u-lum** (tə nak'yə ləm), *n., pl. -la* (-lə). a small, sharp-pointed hook set in a handle, used for seizing and picking up parts in surgical operations and dissections. [1685-95; < L *tenāculum* instrument for gripping, der. of *ten(ēre)* to hold]

**ten-an-cy** (ten'an sē), *n., pl. -cies*. 1. a holding, as of lands, by any kind of title; occupancy of land, a house, or the like, under a lease or on payment of rent; tenure. 2. the period of a tenant's occupancy. 3. occupancy or enjoyment of a position, post, situation, etc. 4. Archaic. a piece of land held by a tenant; holding. [1570-80]

**ten-ant** (ten'ənt), *n.* 1. a person or group that rents and occupies land, a house, an office, or the like, from another, usu. under the terms of a lease; lessee. 2. an occupant or inhabitant of any place. —*v.t.* 3. to hold or occupy as a tenant; dwell in; inhabit. —*v.i.* 4. to dwell or live (usu. fol. by *in*). [1250-1300; ME *tena(u)nt* < AF; MF *tenant*, *n.* use of prp. of *tenir* to hold < L *tenēre*. See -ANT]

Tab I

2 extract, press out, force out, elicit, wring, wrest, wrench, pry, pull out, tear out, draw out withdraw, extricate, extort, compel, coerce 3. crowd, cram, pack, jam, stuff, thrust, cramp, wedge, concentrate compact, consolidate 4. hug, embrace, clasp, hold 5. press, push, force one's way, wedge, elbow, crowd shove shoulder, ram, drive, jostle, butt, edge —*n* 6. clasp, grasp, grip, hold, embrace, hug, clutch, pressure, crushing, compression, pinching, constriction, narrowing, crowding, stricture, wedge, bottleneck, passage, detile

**squeich** *v* 1. crush, put down, squash, quash, smash, trample on, abort, suppress, quell, silence, hush, quiet —*n* 2. retort, riposte, crushing reply, put-down, silencer —**Ant.** 1 incite, encourage, provoke

**squire** *n* 1. country gentleman, landowner, rich farmer, planter, member of the gentry, lord of the manor 2. escort, consort, attendant, gallant, cavalier, date, companion, *informal* boyfriend —*v* escort, attend, court, accompany, take, date, chaperon, chauffeur

**squirm** *v* 1. turn, twist, contort, wriggle, writhe, wiggle, jerk, bend, twitch, pitch, toss 2. show discomfort, be restless, fidget, writh, shift, shrink, blench, be upset, smart, flinch, wince, sweat, agonize, flounder

**squirt** *v* 1. spray, spurt, shoot, gush, spout, splash, discharge 2. spray, shower, spatter, sprinkle, splash, dash, besprinkle, snoot, discharge —*n* 3. spray, jet, spurt, stream 4. *Slang* insignificant person, punk, piker, runt

**stab** *v* 1. jab, pierce, suck, spear, bayonet, impale, gore, wound, gash, cut, spike, lance, run through, thrust through, knife, transfix, lacerate, prick, spit, gouge, slash, cleave 2. wound, hurt, injure the feelings of, pierce cut, pain —*n* 3. jab, thrust, lunge, dagger, stroke, cut, prick, slash, wound, laceration, gash 4. pang, prick, painful sensation, ache, sting, twinge, bite, shiver, thrill, quaim 5. *Informal* try attempt, effort, pass, trial, essay, endeavor, shot, go —**Ant.** 2 soothe, assuage, ease, comfort, please, delight

**stability** *n* 1. steadiness, constancy, solidness, soundness, poise, aplomb, balance equilibrium, evenness, reliability, stableness, steadfastness 2. solidity soundness firmness, steadiness solidness, sturdiness, security, fixedness 3. permanence, fixity, firmness, unchangeableness, abidingness durability, changelessness, continuity —**Ant.** 1 instability inconstancy, weakness, unsteadiness, unreliability irresolution 2 frailty, instability, fragility unsteadiness

weakness 3 instability, impermanence, changeableness

**stable** *adj* 1. established reliable durable, sound, secure, well-grounded indissoluble, solid 2. sound sturdy, solid, steady, fixed, stationary, firm, safe, secure, immovable, anchored, moored 3. fixed, unchangeable, firm, unchanging, steady, abiding, persisting, enduring, constant, uniform, even 4. reliable, steady, steadfast, resolute, true, staunch, loyal, stalwart, dependable, unwavering, firm, constant, faithful, unaltering —**Ant.** 1-4 unstable 1 impermanent, shaky, unsound, unsteady 2 frail, shaky, unsteady, unsubstantial, unsound 3 changeable, alterable, variable, shaky, wavering 4 unreliable, unsteady, mercurial, volatile, erratic

**stack** *n* 1. pile, heap, bank, sheaf, mass, rick, clump, mound, mountain, bunch, load, accumulation, aggregation, amassment, batch, bundle 2. smokestack, chimney, flue, funnel —*v* 3. heap, pile, arrange vertically, mound, bank, gather, bunch, lump, amass, assemble, batch, hoard, accumulate

**stadium** *n* arena, bowl, coliseum, amphitheater, circus, ballpark, field, park, palaestra, hippodrome, stade

**staff** *n* 1. cane, stick, walking stick, rod, crutch, pole, alpenstock, cudgel, wand, stave, bludgeon, billy club, bat, shillelagh, scepter 2. pole, flagpole, flagstaff, support 3. force, crew, personnel, help, employees, group, cadre, team, assistants, advisors, retinue —*v* 4. make up the staff of, man, work, tend, manage, service

**stage** *n* 1. period, phase, level, step, grade 2. raised platform, raised floor, *Slang* the boards; rostrum, pulpit podium, dais, soapbox, scaffold, stump 3. dramatic profession, show business, theater, stage playing, acting, drama, the footlights, *Slang* the boards, show biz 4. spot, surroundings, scene of action, setting, locale, locality, arena, whereabouts, position, theater, location, sight, bearings —*v* 5. produce, put on the stage, present, put on, act, perform, dramatize, play

**stagger** *v* 1. stumble, sway, wobble, reel, hobble, totter, lurch, shamble, blunder, waver, flounder 2. cause to sway, cause to reel, make unsteady, stun, knock silly, totter, throw off balance 3. stun, jolt, shock nonplus, astound, astonish shake, amaze, dumfound, unsettle, disconcert, jar, bowl over, overwhelm, strike dumb take away the breath of, stupor, startle, flabbergast, bewilder, confound, give a turn, consternate 4. spread out, arrange in a zigzag order, alternate, oscillate

monstrativeness, sentimentality, mawkishness, gushiness, hysteria, hysterics, theatrics, melodramatics, melodrama —**Ant.** impassivity, impassiveness, detachment, matter-of-factness

**empathy** *n* —**Syn.** See SYMPATHY

**emperor** *n* **empress** *n* ruler, monarch, sovereign, (*variously*) caesar, czar, mikado, sultan, kaiser, shah, (*fem*) czarina, sultana, dowager empress

**emphasis** *n* 1. stress, prominent point, focal point, feature, weight, underscoring 2. stress, accent, accentuation

**emphasize** *v* stress, accent, feature, dwell on, press home, iterate, underscore, underline, punctuate, accentuate, point up, bring into relief —**Ant.** deemphasize, play down, underplay, equalize, balance

**emphatic** *adj* 1. strong, vigorous, forceful, assertive, decisive, flat, unqualified, absolute, unequivocal, unyielding, insistent, unwavering, categorical 2. definite, unmistakable, undeniable, striking, certain, distinct, decided, telling, momentous, marked, express, pronounced, conspicuous, significant —**Ant.** 1 hesitant, unsure, uncertain, weak, wishy-washy, irresolute, qualified, equivocal 2 uncertain, indistinct, insignificant, unremarkable, commonplace, average

**empire** *n* sovereignty, rule, dominion, realm, domain, commonwealth, imperium

**empirical** *adj* practical, experiential, pragmatic, experimental, firsthand —**Ant.** theoretical, secondhand

**employ** *v* 1. hire, use, engage, commission, retain take on 2. use, utilize, make use of, put to use, apply, engage, keep busy, occupy, devote, exercise —*n* 3. service, employment, hire, retainership —**Ant.** 1 discharge, dismiss, fire, let go, *Slang* can, sack 2 waste, fritter away; misuse, misapply

**employee** *n* worker, wage earner, job holder, staff member, member, underling, hireling —**Ant.** employer, boss

**employer** *n* boss, proprietor, business owner, business, firm, company, establishment, organization, outfit —**Ant.** employee, worker, wage earner, job holder, staff member, underling, hireling

**employment** *n* 1. work, job, employ, service, occupation, business, profession, vocation, calling, pursuit, trade, field, line, task, chore, preoccupation 2. utilization, exertion, using, use, employing, application, exercise, service, engagement —**Ant.** 1 unemployment, leisure, inactivity, avocation, hobby, sideline 2 disuse, disregard, neglect, forgering, putting aside

store, general store, store, market, bazaar, warehouse

**empower** *v* authorize, sanction invest, vest, license, endow, permit, allow, enable, commission, delegate —**Ant.** restrain, disbar, divest of power, disallow, forbid, enjoin

**empty** *adj* 1. vacant, unoccupied, uninhabited, bare, void 2. aimless, meaningless, without substance, vacuous, insignificant, worthless, purposeless, futile, unfulfilled, idle, hollow, shallow, banal, trivial, inane, insipid, frivolous —*v* 3. pour out, drain, dump, void, evacuate, discharge, flow, debouch —**Ant.** 1 full, stuffed, crammed, packed, jammed, occupied, inhabited 2 meaningful, significant, substantial, useful, valuable, worthwhile, purposeful, fulfilled, busy, full, rich, vital, interesting, serious 3 fill, pack, put in, stuff, cram, jam, receive

**emulate** *v* take as a model, follow the example of, pattern oneself after, follow, copy, imitate, try to equal, rival, mimic, ape

**enable** *v* make able, empower, qualify, capacitate, make possible for, allow, permit, aid, assist, support, facilitate, benefit —**Ant.** prevent, bar, disqualify, prohibit, incapacitate, hinder, thwart, frustrate, block, keep back, hold back

**enact** *v* pass into law, pass, legislate, vote to accept, authorize, ratify, institute, proclaim, decree, sanction, approve —**Ant.** reject, turn down, vote down, fail to pass, veto, abolish, annul, repeal, rescind, cancel

**enamor** *v* inflame with love, affect with fondness, enrapture, infatuate, allure, draw to, attach, enthrall, charm, enchant, entrance, captivate, bewitch, fascinate, excite, take a fancy to. —**Ant.** repel, repulse, revolt, disgust, disenchant, put off, *Slang* turn off

**enchant** *v* 1. cast a spell over, place under a spell, bewitch, charm, hypnotize, mesmerize 2. charm, delight, entrance, enthrall, captivate, enrapture, fascinate, bewitch, transport —**Ant.** 1 release, free, exorcise 2 repel, repulse, revolt, disgust, sicken, *Slang* turn off

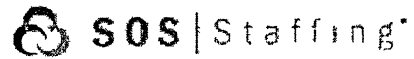
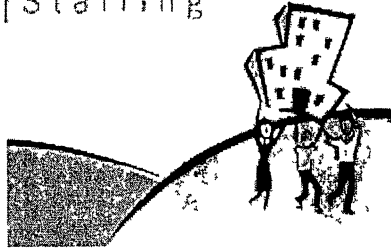
**enchantress** *n* 1. sorceress, witch, vampire, siren 2. seductress, temptress, vamp, charmer, femme fatale

**encircle** *v* circle, ring, surround, wreath, girdle, gird, circumscribe, encompass, enclose, fence, wall, hem in

**enclose** Also **inclose** *v* 1. surround, ring, circle, encircle, girdle, encompass, circumscribe, fence in, wall in, close in 2. include, insert, send along, put in the same envelope, put in the same package

**encompass** *v* 1. surround, circumscribe, encircle, circle, enclose ring gir-

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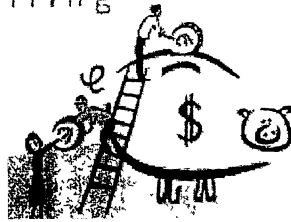
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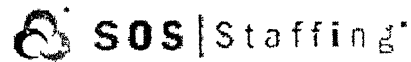
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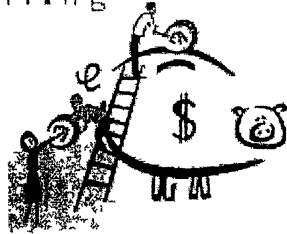
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**UNITING TALENT  
WITH OPPORTUNITY**

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## MISSION STATEMENT

We are dedicated to providing quality staffing services by uniting skills with opportunities, while surpassing the expectations of those we serve. We are committed to the success of our clients, associates and staff through the passionate pursuit of our shared principles. Our goal is to be a leader in the growth and development of our industry throughout the markets we serve. We pledge to be a world-class service provider.

We share the following principles among our team, striving constantly to incorporate these principles into the services provided to our clients, associates and communities.

### SHARED PRINCIPLES

**Imagination and vision:** We constantly strive to explore new ideas and methods as we seek ways to realize growth and develop the talents of our employees.

**Open communications:** We promote a trusting environment where individuals are encouraged to share their ideas and information. We strive to improve our relationships with others by listening to their points of view with an open mind.

**Teamwork:** We serve in the spirit of cooperation and creativity to realize shared values. These valued relationships maximize our contributions while adding new perspectives and experiences to our lives.

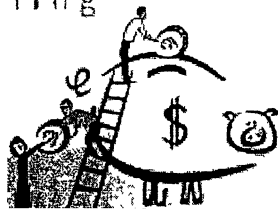
**Respect for the individual:** We recognize each person's uniqueness and the importance of career, family and personal growth.

**Honesty and integrity:** We stand by our promises, always honoring our commitments to others.

**Social responsibility:** We strive for our community's collective well being. Through our combined efforts and moral resources we will work to shape a positive society.

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## COMPANY HISTORY

SOS Staffing Services Inc. (originally SOS Temporary Services/Salt Lake Office Service) was founded December 15, 1972 and opened for business on January 15, 1973 by Richard D. Reinhold and Russell C. Christen in Salt Lake City, Utah. After years of working in the staffing industry, the two entrepreneurs decided to start their own staffing business; they placed their first temporary at a Salt Lake transport company, and the SOS legacy was born.

The innovative company became profitable after only one year of operation. But that was just the beginning - after its second year, SOS was recognized as the largest independent temporary service in Utah. SOS's phenomenal rate of growth continued throughout the next ten years, and by 1983, SOS had obtained an even greater market share by opening several offices throughout Utah.

During the mid-80's, SOS had begun expanding into neighboring states. It began with a small Colorado acquisition, and then expanded into Idaho and Wyoming. SOS became a new and growing presence in the mountain states.

Russell C. Christen continued with SOS until his retirement in 1987. His partner, Richard Reinhold, had been serving as President of the industry's trade association (American Staffing Association) until 1990, and by this time SOS had grown to eight offices. The company leaders began developing a strategy to expand the business into the entire Mountain States Region. This plan included moving into the information technology and specialty niches and changing SOS Temporary Services to SOS Staffing Services, Inc. - a name that would better reflect their changing scope and broader range of services.

The early 90's was a time of dramatic growth and increased profitability. When SOS became a public company in 1995, the company had grown into 42 offices in five states. Richard Reinhold retired in 1998 and JoAnn W. Wagner, industry veteran, stepped in as Chairman, she was subsequently appointed as CEO and President.

Several acquisitions were made both in the commercial and information technology sectors. The information technology division was later divested during 2000 and through 2001.