



LION INSURANCE COMPANY

2739 US HWY 19 NORTH
HOLIDAY, FLORIDA 34691

PHONE: (727) 938-5562 / (800) 966-5562 FAX: (727) 937-2138

TO: Whom It May Concern:

FROM: Glen Bean, Controller, Lion Insurance Company

DATE: January 16, 2011

RE: Workers' Compensation Insurance Coverage

This is to certify that effective December 28, 2011 Tree Work Now, LLC dba West Volusia Tree Service became a client of South East Personnel Leasing, Inc. The employees of the above client who are leased employees of South East Personnel Leasing, Inc. are covered under the South East Workers' Compensation Policy # WC 71949. Enclosed please find the Policy Declaration page for this coverage.

Please do not hesitate to call with any questions.

Sincerely,

Glen Bean
Controller

Enclosure

LION INSURANCE COMPANY

2739 U.S. Highway 19 North
Holiday, Florida 34691

Workers Compensation and Employers Liability
Insurance Policy

POLICY DECLARATION

1 Named Insured and Address:

Southeast Personnel Leasing Services Inc
and Subsidiaries
2739 US Highway 19 N
Holiday, FL 34691

Agent

Plymouth Insurance Agency
2739 US Highway 19 N
Holiday, FL 34691

Policy Period: 01/01/12 to 01/01/13
12:01 a.m. Standard Time at the address
of the insured as stated herein

Policy Number: WC71949
Renewal of: WC71949

NCCI Carrier No.: 56529 **FEIN No.:** 59-3298197 **Risk ID No.:** 918051236 **Entity of Insured:** Corp

2 The Policy Period is from 01/01/12 to 01/01/13 12:01 a.m. Standard Time at the Insured's mailing address.

3 A. Workers Compensation Insurance: Part ONE of the policy applies to the Workers' Compensation Law of the state listed here: FL, GA, MD, MS, NC, NV

B. Employers Liability Insurance: Part TWO of the policy applies to work in each state listed in Item 3A. The limits of our liability under Part TWO are:

Bodily Injury by Accident	\$1,000,000.00	each accident
Bodily Injury by Disease	\$1,000,000.00	policy limit
Bodily Injury by Disease	\$1,000,000.00	each employee

C. Other States Insurance: Part THREE of the policy applies to the states, if any, listed here: None

D. This policy includes these endorsements and schedules: See attached schedule.

4 The premium for this policy will be determined by our Manual of Rules, Classifications, Rates, and Rating Plans. All information required below is subject to verification and charge by audit. Adjustment of premium shall be made: At Policy Expiration

Location	Class	Classification Of Operations	Estimated Annual Remuneration	Rate Per \$100	Estimated Annual Premium
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See Attached

Total Estimated Annual Premium

\$8,110,066

Issued Date: 01/01/12
Issuing Office: Lion Insurance Company

By Ellen C. Bean
Authorized Representative

WC 00 00 01A
(Ed 05/1988)