

CERTIFICATE OF LIABILITY INSURANCE

9/30/2020

DATE (MM/DD/YYYY) 10/21/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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PRODUCER Lockton Companies		CONTACT NAME:			
444 W. 47th Street, Suit	444 W. 47th Street, Suite 900		PHONE FAX (A/C, No, Ext): (A/C, No):		
Kansas City MO 64112 (816) 960-9000	-1906	E-MAIL ADDRESS:	1 (20, 10).		
(810) 200-2000		INSURER(INSURER(S) AFFORDING COVERAGE		
		INSURER A : Lloyds of Lo	INSURER A: Lloyds of London (NAIC # See Below)		
INSURED CROSS COUNTRY HE	EALTHCARE, INC	INSURER B : SELF INSU	JRED		
1385381 * SEE ATTACHMENT	,	INSURER C: Travelers Prop	INSURER C: Travelers Property Casualty Co of America		
6551 PARK OF COMM	MERCE BLVD., NW	INSURER D: The Medica	INSURER D: The Medical Protective Company		
BOCA RATON FL 334	.87	INSURER E :	• •		
		INSURER F:	INSURER F:		
COVERAGES ***	CERTIFICATE NUMBER: 1	6370449	REVISION NUMBER: XX	XXXXXX	
THIS IS TO CERTIFY THAT THE F	POLICIES OF INSURANCE LISTED BEL	OW HAVE BEEN ISSUED TO THE	INSURED NAMED ABOVE FOR THE PO	LICY PERIOD	

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR		TYPE OF INSURANCE	ADDL		POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
LIK	77	COMMERCIAL GENERAL LIABILITY	INSD						
Α	X	X CLAIMS-MADE OCCUR	Y	N	GLOPR1902023	10/1/2019	10/1/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ Included	_
	X	RETRO DATE 8/26/01						MED EXP (Any one person) \$ Included	
								PERSONAL & ADV INJURY \$ 1,000,000	
	GEN	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000	
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000	
		OTHER:						\$	
В	AUT	TOMOBILE LIABILITY	Y	N	SELF INSURED	10/1/2019	10/1/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000	
	X	ANY AUTO						BODILY INJURY (Per person) \$ XXXXXXX	
	X	OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident) \$ XXXXXXX	
	X	HIRED X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$ XXXXXXX	
								\$ XXXXXXX	
Α		UMBRELLA LIAB OCCUR	Y	N	GLOPR1902023	10/1/2019	10/1/2020	EACH OCCURRENCE \$ 8,000,000	
	X	EXCESS LIAB X CLAIMS-MADE						AGGREGATE \$ 8,000,000	
		DED RETENTION \$						\$ XXXXXXX	
С		RKERS COMPENSATION EMPLOYERS' LIABILITY		N	TC2J-UB131J6129-19 (AOS)	9/30/2019	9/30/2020	X PER OTH-ER	
C		PROPRIETOR/PARTNER/EXECUTIVE ICER/MEMBER EXCLUDED?	N/A		TRJ-UB131J6130-19 (AZ,MA,MI)	9/30/2019	9/30/2020	E.L. EACH ACCIDENT \$ 1,000,000	
	(Man	ndatory in NH)	,,,					E.L. DISEASE - EA EMPLOYEE \$ 1,000,000	
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT \$ 1,000,000	
D	PRO	DICAL OFESSIONAL ABILITY	N	N	G00517	10/1/2019	10/1/2020	\$1,000,000 EACH OCCURRENCE \$3,000,000 AGGREGATE	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
NON-OWNED AUTO (NOA) COVERAGE(S) IS/ARE PROVIDED BY CROSS COUNTRY HEALTHCARE, INC. THROUGH A \$1M SELF INSURED RETENTION (SIR). LLOYDS OF LONDON NAIC #1126623. Additional insured status is granted on a primary noncontributory basis on the above policies, if required by contract. Sexual Abuse & Molestation limits are included in the GL policy.

CERTIFICATE HOLDER	CANCELLATION See Attachment
16370449 Making Waves Academy Attn: Contracts Dept. 4123 Lakeside Drive Richmond CA 94806	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVES JOHN M Agnella

Full Named Insured Schedule

Advantage On Call, LLC (f/k/a CAOC, LLC)

Advantage RN, LLC (f/k/a ARNC HoldCo, LLC)

Advantage RN Local Staffing, LLC (f/k/a CARNLS, LLC)

American Personnel, Inc. d/b/a American Personnel Healthcare Services, AP Healthcare, AP Staffing, Commercial Capital Group, API Search

American Personnel, Inc. d/b/a: AP Healthcare

Assignment America, LLC d/b/a: Cross Country Nurses Local, CRU48 Local, Cross Country Allied Local, Cross Country Medical Staffing Network, Advantage RN Local Staffing, MSN, Medical Staffing Network

Cross Country Staffing Inc. d/b/a Cross Country Staffing, Cross Country Workforce Solutions, Cross Country Healthcare Services

Cross Country Support Services, LLC dba Cross Country Allied

Cross Country Talent Acquisition Group, LLC

Local Staff, LLC d/b/a: Cross Country Local, CRU48 Local

Mediscan Diagnostic Services, LLC d/b/a Mediscan Diagnostic Services, Mediscan, Mediscan Staffing Services

Mediscan Nursing Staffing, LLC

New Mediscan II, LLC d/b/a Cross Country Education, LLC, DirectEd Educational Solutions, DirectEd, Mediscan Staffing Services, DirectEd Educational Services

OWS, LLC d/b/a: Optimal Workforce Solutions

Travel Staff, LLC d/b/a: Cross Country Nurses, CRU48 Travel, Cross Country Allied, Advantage RN, NovaPro Travel, MedStaff Travel, Allied Travel