



# CERTIFICATE OF LIABILITY INSURANCE

OP ID: CARD

DATE (MM/DD/YYYY)

08/24/11

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

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

<b>PRODUCER</b> Pritchard & Jerden, Inc. 3 Piedmont Center, Suite 700 Atlanta, GA 30305-4604 Andy Dunagan		404-238-9090	<b>CONTACT NAME:</b> <b>PHONE</b> (A/C, No, Ext): <b>E-MAIL</b> <b>ADDRESS:</b> <b>PRODUCER</b> <b>CUSTOMER ID #:</b> <b>DRAKE-1</b>		
<b>INSURED</b> Drake Staffing, LLC 2033 Monroe Dr. Ste B Atlanta, GA 30324			<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
			<b>INSURER A:</b> Philadelphia Indemnity		
			<b>INSURER B:</b>		
			<b>INSURER C:</b>		
			<b>INSURER D:</b>		
			<b>INSURER E:</b>		
			<b>INSURER F:</b>		

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b>	X	PHPK754564	07/15/11	07/15/12	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					MED EXP (Any one person) \$ 5,000
						PERSONAL & ADV INJURY \$ 1,000,000
						GENERAL AGGREGATE \$ 2,000,000
						PRODUCTS - COMPI/OP AGG \$ 2,000,000
						GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC
	<b>AUTOMOBILE LIABILITY</b>					COMBINED SINGLE LIMIT (Ea accident) \$
	<input 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 type="checkbox"/> HIRED AUTOS					
	<input type="checkbox"/> NON-OWNED AUTOS					
	<b>UMBRELLA LIAB</b>					EACH OCCURRENCE \$
	<input type="checkbox"/> EXCESS LIAB					AGGREGATE \$
	<input type="checkbox"/> DEDUCTIBLE					
	<input type="checkbox"/> RETENTION \$					
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>	Y/N <input type="checkbox"/> N/A	PHSD654416	07/15/11	07/15/12	WC STATUTORY LIMITS OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)					E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - EA EMPLOYEE \$
						E.L. DISEASE - POLICY LIMIT \$
A	Professional					Aggregate 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

**CERTIFICATE HOLDER****CANCELLATION**

COBB-M-

Cobb-Marietta Coliseum  
and Exhibit Hall Authority  
Attn: General Manager & CEO  
Two Galleria Dr.  
Atlanta, GA 30339

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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# NOTEPAD

INSURED'S NAME Drake Staffing, LLC

DRAKE-1  
OP ID: CARD

PAGE 2  
DATE 08/24/11

Crime Limits of \$100,000 included on Professional Policy

**ACORD CERTIFICATE OF LIABILITY INSURANCE**DATE (MM/DD/YYYY)  
08/10/2010

PRODUCER (770)461-7676 FAX (770)461-3260  
 JACKSON INSURANCE AGENCY INC.  
 129 STONEWALL AVENUE  
 P O BOX 67  
 FAYETTEVILLE, GA 30214

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION  
 ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE  
 HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR  
 ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED Drake Staffing, LLC  
 2033 Monroe Drive  
 Suite B  
 Atlanta, GA 30324

Fax: 404-806-7601

## INSURERS AFFORDING COVERAGE

NAIC #

INSURER A: TECHNOLOGY INSURANCE COMPANY

INSURER B: Scottsdale Insurance

STU

INSURER C:

INSURER D:

INSURER E:

## COVERAGES

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INSR ADD'L LTR INSUR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
B	GENERAL LIABILITY	CLS 1241228	08/10/2010	08/10/2011	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Per occurrence) \$ 100,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$ 5,000
					PERSONAL & ADV INJURY \$ 1,000,000
					GENERAL AGGREGATE \$ 2,000,000
	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"/> LOG				
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident) \$
	<input 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 type="checkbox"/> HIRED AUTOS				
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY: EA ACC \$
					AGG \$
	EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE \$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	TARGA06726-03	07/27/2010	07/14/2011	E.L. EACH ACCIDENT \$ 100,000
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. DISEASE - EA EMPLOYEE \$ 100,000
	If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - POLICY LIMIT \$ 500,000
	OTHER				

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

The Cobb-Marietta Coliseum & Exhibit Hall Authority, officers, employees and agents are named as additional insured as respect to General Liability Coverage.

\*\*\* 10 day notice of cancellation for non-payment of premium \*\*\*

REVISED CERTIFICATE CORRECTING THE POLICY NUMBER AND POLICY PERIOD AS OF 8/20/10

## CERTIFICATE HOLDER

Cobb-Marietta Coliseum & Exhibit  
 Hall & Authority  
 Attn: General Manager & CEO  
 Two Galleria Parkway  
 Atlanta, GA 30339

## CANCELLATION

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 MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

**gprice@drakestaffing.net**

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**From:** Steven Hamilton [shamilton@cobbenergycentre.com]

**Sent:** Friday, January 21, 2011 9:25 AM

**To:** Greg Price (gprice@drakestaffing.net)

**Cc:** Aldo Cardenas; MG Farris; Ramin Djaved

**Subject:** Thank you!

Hi Greg,

I just wanted to say "thank you" for the excellent work that was done by your teams yesterday. Everyone did a great job and I know it was a long shift for many of them. We truly appreciate your commitment to our service. I thank you both personally for being her during the push. That means a great deal to me and my managers.

You being the new guy to our facility I wanted to apologize for our not being more prepared with your team. I realize that we left them hanging and confused a great deal of the day. It is never our intent to create an environment where our staff or those helping us feel frustrated. Unfortunately this being Drake's first go-around was one of our busiest and the time we could allot to training & orientation was not there. I explained that to a couple of your folks and wanted them to know we normally don't work like this. I do not like people leaving our facility thinking we run an operation like this. But I did promise them that we would make sure they were brought into the fold better the next time. We want those good servers that you have wanting to come back, just like we do with Elegant. We consider many of Elegant's staff to be our own and we would like the same with your company as well. I know that Ramin explained the policy that we have in place regarding eating. It is a company policy and we have to adhere to it.

Thanks again buddy!

Steve Hamilton

Food & Beverage Manager

**COBB ENERGY PERFORMING ARTS CENTRE**

2800 Cobb Galleria Pkwy | Atlanta, GA 30339

☎: 770.916.2800 (main)

☎: 770.916.2880 (direct)

Fax: 770-916-2820

✉: [shamilton@cobbenergycentre.com](mailto:shamilton@cobbenergycentre.com)

Visit us on the web at: [www.cobbenergycentre.com](http://www.cobbenergycentre.com)



Please consider the environment before printing this e-mail

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INSR ADD'L LTR INSR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
B	GENERAL LIABILITY	CLS 1034562	08/10/2010	08/10/2011	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$ 5,000
					PERSONAL & ADV INJURY	\$ 1,000,000
					GENERAL AGGREGATE	\$ 2,000,000
					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)	\$
	<input 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 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/UMBRELLA LIABILITY				EACH OCCURRENCE	\$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$
						\$
	<input type="checkbox"/> DEDUCTIBLE					\$
	RETENTION \$					\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	TARGA06726-02	07/27/2010	07/27/2011	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS	OTHER
	E.L. EACH ACCIDENT				\$ 100,000	
	E.L. DISEASE - EA EMPLOYEE				\$ 100,000	
	E.L. DISEASE - POLICY LIMIT				\$ 500,000	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?					
	If yes, describe under SPECIAL PROVISIONS below					
	OTHER					

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AUTHORIZED REPRESENTATIVE

