

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 02/24/2015

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).

| PRODUCER MADELLICA INC. | CONTACT NAME: | | | |
|---|--|--------|--|--|
| MARSH USA, INC. TWO ALLIANCE CENTER | PHONE FAX (A/C, No. Ext): (A/C | , No): | | |
| 3560 LENOX ROAD, SUITE 2400 ATLANTA, GA 30326 | E-MAIL ADDRESS: | | | |
| ATEANTA, OA 30020 | INSURER(S) AFFORDING COVERAGE | NAIC # | | |
| 100492-HomeD-GAW-15-16 | INSURER A: Steadfast Insurance Company | 26387 | | |
| INSURED THD AT-HOME SERVICES, INC. | INSURER B : Zurich American Insurance Co | 16535 | | |
| DBA THE HOME DEPOT AT-HOME SERVICES | INSURER C: New Hampshire Ins Co | 23841 | | |
| 2690 CUMBERLAND PARKWAY, SUITE 300 ATLANTA, GA 30339 | INSURER D: Illinois National Insurance Company | 23817 | | |
| ATEANTA, GA 30009 | INSURER E : | | | |
| | INSURER F: | | | |
| COVERAGES CERTIFICATE NUMBER: | ATL-003242685-09 REVISION NUMBE | R:7 | | |

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.

| ISR TR | TYPE OF INSURANCE | ADDL SU | BR POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP | LIMIT | s | |
|-----------|---|---------|----------------------------------|----------------------------|------------|--|----|-----------|
| Α | GENERAL LIABILITY | | GLO4887714-05 | 03/01/2015 | 03/01/2016 | EACH OCCURRENCE | s | 9,000,000 |
| | X COMMERCIAL GENERAL LIABILITY | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ | 1,000,000 |
| | CLAIMS-MADE X OCCUR | | LIMITS OF POLICY XS | | | MED EXP (Any one person) | \$ | EXCLUDED |
| | | | OF SIR: \$1M PER OCC | | | PERSONAL & ADV INJURY | S | 9,000,000 |
| | | | | | | GENERAL AGGREGATE | S | 9,000,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | PRODUCTS - COMP/OP AGG | s | 9,000,000 |
| | X POLICY PRO- JECT LOC | | | | | | S | |
| В | AUTOMOBILE LIABILITY | | BAP 2938863-12 | 03/01/2015 | 03/01/2016 | COMBINED SINGLE LIMIT (Ea accident) | s | 1,000,000 |
| | X ANY AUTO | | | | | BODILY INJURY (Per person) | S | |
| | ALL OWNED SCHEDULED AUTOS | | SELF INSURED AUTO PHY DMG | | | BODILY INJURY (Per accident) | S | |
| | HIRED AUTOS NON-OWNED AUTOS | | | | | PROPERTY DAMAGE (Per accident) | s | |
| | | | | | | 0) 12 | S | |
| - 5 | UMBRELLA LIAB OCCUR | | | | | EACH OCCURRENCE | S | |
| 8 | EXCESS LIAB CLAIMS-MADE | 8 | | | | AGGREGATE | S | |
| | DED RETENTIONS | | | | | | S | |
| C | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | WC017731493 (AOS) | 03/01/2015 | 03/01/2016 | X WC STATU- OTH- | | |
| C | ANY PROPRIETOR/PARTNER/EXECUTIVE | N/A | WC017731495 (AK, KY, NH, NJ, VT) | 03/01/2015 | 03/01/2016 | E.L. EACH ACCIDENT | S | 1,000,000 |
| D | (Mandatory in NH) | NIA | WC017731494 (FL) | 03/01/2015 | 03/01/2016 | E.L. DISEASE - EA EMPLOYEE | s | 1,000,000 |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | Conitnued on Additional Page | | | E.L. DISEASE - POLICY LIMIT | s | 1,000,000 |

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

| CEDT | TITLO. | A TE | LIOI | DED |
|------|--------|------|------|-----|
| CERT | | AIE | HUL | UER |

THD AT-HOME SERVICES, INC.
DBA THE HOME DEPOT AT-HOME SERVICES
2455 PACES FERRY ROAD
ATLANTA, GA 30339

CANCELLATION

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 of Marsh USA Inc.

Manashi Mukherjee

Manaoni Muchenjee