

COST SHEET**VENDOR TO COMPLETE BELOW:**

Company Name Travel Nurse Solutions, LLC
 Address 3750 Corporate Woods Drive
 Contact Person Tim Giglio Phone 205-968-7500

Coverage and Rates:**Registered Psychiatric Nurse RN2**

RN2: Successful completion of an associate degree in nursing from an accredited college or university or a diploma nursing program; plus one year of full-time or equivalent part-time paid experience as a registered professional nurse or Baccalaureate degree in nursing from an accredited four college year or university.

Hourly Rate: \$ 59.00 RN All inclusive

Overtime Rate: \$ 79.65 RN All inclusive

Holiday Rate: \$ 79.65 RN All inclusive

Registered Psychiatric Nurse RN 3

RN3: Baccalaureate degree in nursing from an accredited four-year college or university **and** two years of full-time or equivalent part-time paid experience as a registered professional nurse or successful completion of an associate degree in nursing from an accredited college or university or a diploma nursing program **and** three years of experience as a registered professional nurse or professional certification from a recognized national nursing certifying organization as a nurse or nurse practitioner in the area of assignment **plus** two years of full-time or equivalent part-time paid experience as a registered professional nurse Successful completion of an associate degree in nursing from an accredited college or university or a diploma nursing program; plus baccalaureate degree in the health sciences or behavioral sciences and **two years** of full-time or equivalent part-time paid experience in nursing or Master's degree in nursing from an accredited four-year college or university

Hourly Rate: \$ 59.00 RN All inclusive

Overtime Rate: \$ 79.65 RN All inclusive

Holiday Rate: \$ 79.65 RN All inclusive

License Practical Nurse (LPN)

LPN must have a current West Virginia License or temporary permit to practice as a licensed practical nurse. LPN must have successfully completed a course in intravenous therapy and training in venipuncture permits the LPN to start intravenous fluids

Hourly Rate: \$ 45.00 RN All inclusive

Overtime Rate: \$ 60.75 RN All inclusive

Holiday Rate: \$ 60.75 RN All inclusive

RECEIVED

JAN 19 A 9:53

NURSING DIVISION
STATE OF WV

RFQ No mmb10069

STATE OF WEST VIRGINIA
Purchasing Division

PURCHASING AFFIDAVIT

West Virginia Code §5A-3-10a states: No contract or renewal of any contract may be awarded by the state or any of its political subdivisions to any vendor or prospective vendor when the vendor or prospective vendor or a related party to the vendor or prospective vendor is a debtor and the debt owed is an amount greater than one thousand dollars in the aggregate.

DEFINITIONS:

"Debt" means any assessment, premium, penalty, fine, tax or other amount of money owed to the state or any of its political subdivisions because of a judgment, fine, permit violation, license assessment, defaulted workers' compensation premium, penalty or other assessment presently delinquent or due and required to be paid to the state or any of its political subdivisions, including any interest or additional penalties accrued thereon.

"Debtor" means any individual, corporation, partnership, association, limited liability company or any other form or business association owing a debt to the state or any of its political subdivisions. "Political subdivision" means any county commission; municipality; county board of education; any instrumentality established by a county or municipality; any separate corporation or instrumentality established by one or more counties or municipalities, as permitted by law; or any public body charged by law with the performance of a government function or whose jurisdiction is coextensive with one or more counties or municipalities. "Related party" means a party, whether an individual, corporation, partnership, association, limited liability company or any other form or business association or other entity whatsoever, related to any vendor by blood, marriage, ownership or contract through which the party has a relationship of ownership or other interest with the vendor so that the party will actually or by effect receive or control a portion of the benefit, profit or other consideration from performance of a vendor contract with the party receiving an amount that meets or exceeds five percent of the total contract amount.

EXCEPTION: The prohibition of this section does not apply where a vendor has contested any tax administered pursuant to chapter eleven of this code, workers' compensation premium, permit fee or environmental fee or assessment and the matter has not become final or where the vendor has entered into a payment plan or agreement and the vendor is not in default of any of the provisions of such plan or agreement.

Under penalty of law for false swearing (*West Virginia Code* §61-5-3), it is hereby certified that the vendor affirms and acknowledges the information in this affidavit and is in compliance with the requirements as stated.

WITNESS THE FOLLOWING SIGNATURE

Vendor's Name: Travel Nurse Solutions LLC

Authorized Signature: [Signature] Date: 1-14-2010

State of Alabama

County of Jackson, to-wit:

Taken subscribed, and sworn to before me this 14th day of January, 2010

My Commission expires _____, 20____
MY COMMISSION EXPIRES FEBRUARY 3, 2010

AFFIX SEAL HERE

NOTARY PUBLIC [Signature]

State of West Virginia



Certificate

*I, Betty Ireland, Secretary of State of the
State of West Virginia, hereby certify that*

TRAVEL NURSE SOLUTIONS, LLC

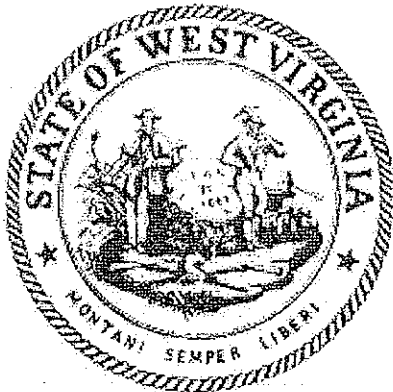
Control Number: 88059

a limited liability company, organized under the laws of the State of Georgia
has filed its "Application for Certificate of Authority" in my office according to the provisions
of West Virginia Code §31B-10-1002. I hereby declare the organization to be registered as a
foreign limited liability company from its effective date of September 11, 2006 until a certificate
of cancellation is filed with our office.

Therefore, I hereby issue this

CERTIFICATE OF AUTHORITY OF A FOREIGN LIMITED LIABILITY COMPANY

to the limited liability company authorizing it to transact business in West Virginia



*Given under my hand and the
Great Seal of the State of
West Virginia on this day of
September 11, 2006*

Betty Ireland

Secretary of State



Insurance Proposal

Date prepared: 02/23/2009

For:

TRAVEL NURSE SOLUTIONS LLC
3500 BLUE LAKE DR #290
BIRMINGHAM, AL, 35243

Proposed Policy Period: 02/28/2009 - 02/28/2010

Quote #: Q200900065142/01

Renewal of: NEW

Prepared by:

BRICKSTREET MUTUAL INSURANCE COMPANY

*This proposal will expire 30 days from the quote date or the requested effective date
whichever is greater*

400 Quarrier Street, Charleston, West Virginia 25301-2010
304.941.1000-phone • 866.45.BRICK
www.brickstreet.com



Workers' Compensation Insurance

Proposed Policy Period: 02/28/2009 - 02/28/2010 Quote #: Q200900065142/01

Coverage

Part I. Workers' Compensation Insurance - Statutory

Part II. Employer's Liability Limit:

\$100,000.00	Bodily injury by accident, each accident
\$500,000.00	Bodily injury by disease, policy limit
\$100,000.00	Bodily injury by disease, each employee

West Virginia Broad Form Employers Liability excluded.

States Covered

WV

Endorsements

List of endorsements based on quote coverage

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY -
WC000000A
INFORMATION PAGE - WC000001A
CATASTROPHE (OTHER THAN CERTIFIED ACTS OF TERRORISM) PREMIUM -
WC000421C
TERRORISM RISK INSURANCE PROGRAM REAUTHORIZATION ACT DISCLOSURE
ENDORSEMENT - WC000422A
WEST VIRGINIA CANCELLATION ENDORSEMENT - WC470601
WV LIMITED OTHER STATES INSURANCE ENDORSEMENT - WC990305
WV INTENTIONAL INJURY EXCLUSION ENDORSEMENT - WC990306

Proposed Policy Period: 02/28/2009 - 02/28/2010 Quote #: Q200900065142/01

Code	Description	Exposure	Rate	Total
Period	02/28/2009 - 02/28/2010			
8833	Hospital: Professional Employees	\$500,000.00	1.23	\$6,150.00
	TOTAL MANUAL PREMIUM			\$6,150.00
	TOTAL SUBJECT PREMIUM			\$6,150.00
	TOTAL STANDARD PREMIUM			\$6,150.00
9740	TERRORISM		.012	\$60.00
9741	CATASTROPHE (OTHER THAN CERTIFIED ACTS OF TERRORISM)		.012	\$60.00
	TOTAL WC PREMIUM			\$6,270.00
	ESTIMATED ANNUAL PREMIUM			\$6,270.00
	WV REGULATORY SURCHARGE			\$345.00
	WV DEFICIT REDUCTION SURCHARGE			\$564.00
	TOTAL AMOUNT DUE			\$7,179.00
	TOTAL POLICY PREMIUM			\$6,270.00
	TOTAL WV REGULATORY BUDGET SURCHARGE			\$345.00
	TOTAL WV DEFICIT REDUCTION SURCHARGE			\$564.00
	TOTAL WV FIRE AND CASUALTY SURCHARGE			\$0.00
	TOTAL POLICY AMOUNT			\$7,179.00

NOTE: Premium listed is an estimated annual premium based upon submitted payroll exposures.

This proposal shows the premiums for the coverages described, but in no way changes or affects any terms, conditions or exclusions of the policies currently in existence. Proposed premiums shown are based on information furnished to BrickStreet Mutual Insurance Company. If accepted, the coverages in this proposal will commence upon the expiration of any policies currently in effect. Coverage comparisons are available if desired. This proposal will expire 30 days from the quote date or the requested effective date whichever is greater.

IMPORTANT NOTICE REGARDING EXPIRATION OF CURRENT WEST VIRGINIA WORKERS' COMPENSATION INSURANCE COVERAGE.

The current workers' compensation insurance coverage provided by Policy Number _____ is scheduled to expire at 12:01 am on _____. In the event this proposal is not accepted and the initial premium for a renewal policy is not received on or before _____, your current policy will lapse (expire) at the time and on the date identified above, workers' compensation insurance coverage will no longer be provided by _____.

ACORDTM CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/17/09

PRODUCER DENISE D. BARNES HEALTHCARE LIABILITY SOLUTIONS, INC. 840 GESSNER, SUITE 500 HOUSTON, TX 77024 PH: 800-732-8619 FAX: 713-343-5025	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	NAIC #
INSURED TRAVEL NURSE SOLUTIONS, LLC 3500 BLUE LAKE DRIVE, SUITE 290 BIRMINGHAM, AL 35243	INSURER A: EVANSTON INSURANCE COMPANY 35378	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

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	ADD'L INSRD	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 type="checkbox"/> OCCUR	N/A	N/A	N/A	EACH OCCURRENCE \$ N/A DAMAGE TO RENTED PREMISES (EA OCCURRENCE)) \$ N/A MED EXP (Any one person) \$ N/A PERSONAL & ADV INJURY \$ N/A GENERAL AGGREGATE \$ N/A PRODUCTS - COM/POP AGG \$ N/A								
		GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC												
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	N/A	N/A	N/A	COMBINED SINGLE LIMIT (Ea accident) \$ N/A BODILY INJURY (Per person) \$ N/A BODILY INJURY (Per accident) \$ N/A PROPERTY DAMAGE (Per accident) \$ N/A								
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO	N/A	N/A	N/A	AUTO ONLY - EA ACCIDENT \$ N/A OTHER THAN AUTO ONLY: EA ACC \$ N/A AGG \$ N/A								
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION	N/A	N/A	N/A	EACH OCCURRENCE \$ N/A AGGREGATE \$ N/A \$ N/A \$ N/A \$ N/A								
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	N/A	N/A	N/A	<table border="1"> <tr> <td>WC STATU-TORY LIMITS</td> <td>OTH-ER</td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td>\$ N/A</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td>\$ N/A</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td>\$ N/A</td> </tr> </table>	WC STATU-TORY LIMITS	OTH-ER	E.L. EACH ACCIDENT	\$ N/A	E.L. DISEASE - EA EMPLOYEE	\$ N/A	E.L. DISEASE - POLICY LIMIT	\$ N/A
WC STATU-TORY LIMITS	OTH-ER													
E.L. EACH ACCIDENT	\$ N/A													
E.L. DISEASE - EA EMPLOYEE	\$ N/A													
E.L. DISEASE - POLICY LIMIT	\$ N/A													
A		OTHER MEDICAL PROFESSIONAL LIABILITY - CLAIMS MADE	MM-816826	06/24/09	07/01/10	\$1,000,000 EACH CLAIM \$3,000,000 ANNUAL AGGREGATE								

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

CERTIFICATE HOLDER

 TRAVEL NURSE SOLUTIONS, LLC
 3500 BLUE LAKE DRIVE, SUITE 290
 BIRMINGHAM, AL 35243

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 DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE



IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

MEMORANDUM OF INSURANCE

DATE OF ISSUE: 6/23/09

PRODUCER:
 AON RISK SERVICES SOUTH, INC
 ONE PIEDMONT CENTER, 3565 Piedmont Rd., NE
 ATLANTA, GA 30305
 CONTACT: Rebecca Cain
 PHONE: (404) 264-3151

COMPANIES AFFORDING COVERAGE

COMPANY LETTER	A	Insurance company of the State of Pennsylvania
COMPANY LETTER	B	Travelers Property Casualty Insurance company
COMPANY LETTER	C	Fireman's Fund Insurance Company
COMPANY LETTER	D	Federal Insurance Company (Chubb)
COMPANY LETTER	E	

INSURED:
 Travel Nurse Solutions, LLC
 2655 Northwinds Parkway
 Alpharetta, GA 30004

COVERAGES

This memorandum verifies that the following coverages are in force: Auto Liability, Excess Liability, Workers' Compensation & Employers' Liability and Crime/Employee Fidelity

This memorandum is furnished to you as a matter of information for your convenience. It is not intended to reflect all the terms and conditions or exclusions of such policies. This memorandum is not an insurance policy and does not amend, alter, or extend the coverage afforded by the listed policies. The insurance afforded by the listed policy is subject to all the terms, exclusions and conditions of such policies.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	EFF. DATE	EXP. DATE	LIMITS	
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				GENERAL AGGREGATE	\$
	<input type="checkbox"/> COM GEN LIABILITY				PRODUCTS-COMP/OP AGG	\$
	<input type="checkbox"/> OCCUR				PERSONAL & ADV INJURY	\$
	<input type="checkbox"/> OWN & CONT PROT				EACH OCCURRENCE	\$
	<input type="checkbox"/> GENERAL AGG APPLIES PER LOC				FIRE DAMAGE (Any fire)	\$
					MED EXPENSE (Any one person)	\$
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY					
	<input type="checkbox"/> ANY AUTO				COMBINED SINGLE LIMIT	\$ 1,000,000
	<input type="checkbox"/> ALL OWNED AUTOS	81-6655N134 09	06/24/09	04/29/10	BODILY INJURY (Per Person)	\$
	<input type="checkbox"/> SCHEDULED AUTOS	TIL			BODILY INJURY (Per Accident)	\$
	<input type="checkbox"/> HIRED AUTOS				PROPERTY DAMAGE	\$
	<input type="checkbox"/> NON-OWNED AUTOS					
	<input type="checkbox"/> GARAGE LIABILITY					
	<input type="checkbox"/> SELF-INSURED					
	<input type="checkbox"/> PHYSICAL DAMAGE					
C	<input checked="" type="checkbox"/> EXCESS LIABILITY					
	<input type="checkbox"/> UMBRELLA FORM	SSE0007120199	06/24/09	04/29/10	EACH OCCURRENCE	\$ 5,000,000
	<input type="checkbox"/> OTHER THAN UMB	0			AGGREGATE	\$ 5,000,000
A	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYER'S LIABILITY	WC5317767 -All Other States WC5317770 - California	04/29/09	04/29/10	<input checked="" type="checkbox"/> STATUTORY LIMITS	\$
					EACH ACCIDENT	\$ 1,000,000
					DISEASE-POLICY LIMIT	\$ 1,000,000
					DISEASE-EACH EMPLOYEE	\$ 1,000,000
D	<input type="checkbox"/> Crime-Employee Fidelity	82075918	12/10/08	12/10/09	Each Loss	\$ 2,000,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

Notice Effective 6/24/09, General Liability Coverage certificates will be issued by Healthcare Liability Solutions, Inc., Phone (713) 343-5003. Umbrella Liability Coverage applies excess of GL, AL, and EL coverages only. If Workers Compensation is shown above, note that Stop Gap coverage only applies in the states of OH, ND, WA and WY

ACORDTM CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/24/09

PRODUCER
DENISE D. BARNES
HEALTHCARE LIABILITY SOLUTIONS INC
840 GESSNER, SUITE 500
HOUSTON, TX 77024
PHONE: 800-732-8619 FAX: 713-343-5025

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INSURED
TRAVEL NURSE SOLUTIONS, LLC
3500 BLUE LAKE DRIVE, SUITE 290
BIRMINGHAM, AL 35243

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: EVANSTON INSURANCE COMPANY	32378
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

COVERAGES

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INSR LTR	ADD'L INSRD	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	MM-816826	06/24/09	07/01/10	EACH OCCURRENCE \$1,000,000
		GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				DAMAGE TO RENTED PREMISES (EA OCCURRENCE) \$ INCLUDED MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$3,000,000 PRODUCTS - COMPI/OP AGG \$ INCLUDED
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	N/A	N/A	N/A	COMBINED SINGLE LIMIT (Ea accident) \$ N/A BODILY INJURY (Per person) \$ N/A BODILY INJURY (Per accident) \$ N/A PROPERTY DAMAGE (Per accident) \$ N/A
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO	N/A	N/A	N/A	AUTO ONLY - EA ACCIDENT \$ N/A OTHER THAN AUTO ONLY: EA ACC \$ N/A AGG \$ N/A
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION	N/A	N/A	N/A	EACH OCCURRENCE \$ N/A AGGREGATE \$ N/A \$ N/A \$ N/A \$ N/A WC STATU-TORY LIMITS OTH-ER \$ N/A
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	N/A	N/A	N/A	E.L. EACH ACCIDENT \$ N/A E.L. DISEASE - EA EMPLOYEE \$ N/A E.L. DISEASE - POLICY LIMIT \$ N/A
		OTHER	N/A	N/A	N/A	

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

CERTIFICATE HOLDER

CANCELLATION

TRAVEL NURSE SOLUTIONS, LLC
3500 BLUE LAKE DRIVE, SUITE 290
BIRMINGHAM, AL 35243

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AUTHORIZED REPRESENTATIVE



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State of West Virginia

VENDOR PREFERENCE CERTIFICATE

Certification and application* is hereby made for Preference in accordance with West Virginia Code, §5A-3-37 (Does not apply to construction contracts). West Virginia Code §5A-3-37 provides an opportunity for qualifying vendors to request (at the time of bid) preference for their residency status. Such preference is an evaluation method only and will be applied only to the cost bid in accordance with the West Virginia Code. This certificate for application is to be used to request such preference. The Purchasing Division will make the determination of the Resident Vendor Preference if applicable.

- 1. Application is made for 2.5% resident vendor preference for the reason checked:
NA Bidder is an individual resident vendor and has resided continuously in West Virginia for four (4) years immediately preceding the date of this certification; or,
NA Bidder is a partnership, association or corporation resident vendor and has maintained its headquarters or principal place of business continuously in West Virginia for four (4) years immediately preceding the date of this certification; or 80% of the ownership interest of Bidder is held by another individual, partnership, association or corporation resident vendor who has maintained its headquarters or principal place of business continuously in West Virginia for four (4) years immediately preceding the date of this certification; or,
NA Bidder is a nonresident vendor which has an affiliate or subsidiary which employs a minimum of one hundred state residents and which has maintained its headquarters or principal place of business within West Virginia continuously for the four (4) years immediately preceding the date of this certification; or,

- 2. Application is made for 2.5% resident vendor preference for the reason checked:
NA Bidder is a resident vendor who certifies that, during the life of the contract, on average at least 75% of the employees working on the project being bid are residents of West Virginia who have resided in the state continuously for the two years immediately preceding submission of this bid; or,

- 3. Application is made for 2.5% resident vendor preference for the reason checked:
NA Bidder is a nonresident vendor employing a minimum of one hundred state residents or is a nonresident vendor with an affiliate or subsidiary which maintains its headquarters or principal place of business within West Virginia employing a minimum of one hundred state residents who certifies that, during the life of the contract, on average at least 75% of the employees or Bidder's affiliate's or subsidiary's employees are residents of West Virginia who have resided in the state continuously for the two years immediately preceding submission of this bid; or,

- 4. Application is made for 5% resident vendor preference for the reason checked:
NA Bidder meets either the requirement of both subdivisions (1) and (2) or subdivision (1) and (3) as stated above; or,

- 5. Application is made for 3.5% resident vendor preference who is a veteran for the reason checked:
NA Bidder is an individual resident vendor who is a veteran of the United States armed forces, the reserves or the National Guard and has resided in West Virginia continuously for the four years immediately preceding the date on which the bid is submitted; or,

- 6. Application is made for 3.5% resident vendor preference who is a veteran for the reason checked:
NA Bidder is a resident vendor who is a veteran of the United States armed forces, the reserves or the National Guard, if, for purposes of producing or distributing the commodities or completing the project which is the subject of the vendor's bid and continuously over the entire term of the project, on average at least seventy-five percent of the vendor's employees are residents of West Virginia who have resided in the state continuously for the two immediately preceding years

Bidder understands if the Secretary of Revenue determines that a Bidder receiving preference has failed to continue to meet the requirements for such preference, the Secretary may order the Director of Purchasing to: (a) reject the bid; or (b) assess a penalty against such Bidder in an amount not to exceed 5% of the bid amount and that such penalty will be paid to the contracting agency or deducted from any unpaid balance on the contract or purchase order.

By submission of this certificate, Bidder agrees to disclose any reasonably requested information to the Purchasing Division and authorizes the Department of Revenue to disclose to the Director of Purchasing appropriate information verifying that Bidder has paid the required business taxes, provided that such information does not contain the amounts of taxes paid nor any other information deemed by the Tax Commissioner to be confidential.

Under penalty of law for false swearing (West Virginia Code, §61-5-3), Bidder hereby certifies that this certificate is true and accurate in all respects; and that if a contract is issued to Bidder and if anything contained within this certificate changes during the term of the contract, Bidder will notify the Purchasing Division in writing immediately.

Bidder: Tim Cigliola (Travel Nurse Solutions) Signed: [Signature]
Date: 1-11-2010 Title: Client Development Manager

*Check any combination of preference consideration(s) indicated above, which you are entitled to receive.