

## CERTIFICATE OF INSURANCE

The insurance Company indicated below certifies that the Insurance afforded by the policy numbered and described below is in force as the effective date of this certificate. This Certificate of Insurance does not amend, extend or otherwise alter the Terms and Conditions of Insurance coverage contained in any policy or policies numbered and described below.

Certificate Holder's Name and Address:  
**MENLO Worldwide Government Services, LLC**  
**Attn: Contract Department**  
**2759 N. Eola Road Suite D**  
**Aurora, IL 60502-8887**

Insured's Name and Address:  
**Southeast Vocational Alliance, Inc**  
**6018 Nunn**  
**Houston, Texas 77087**

TYPE OF INSURANCE	POLICY NUMBER AND ISSUING COMPANY	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	LIMITS OF LIABILITY (*Limits at Inception)
<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> Premises - Operations <input checked="" type="checkbox"/> Products - Completed Operations  <input checked="" type="checkbox"/> Personal & Advertising Injury <input checked="" type="checkbox"/> Medical Expense <input checked="" type="checkbox"/> Fire Damage Legal <input type="checkbox"/> Other Liability <input type="checkbox"/> Garage Liability - Premises	ACP 550294727 NATIONWIDE  INSURANCE COMPANY	10/09/07	10/09/08	General Aggregate* \$ 2,000,000 Pr. Comp. OP. Agg.* \$ 2,000,000 Each Occurrence \$ 1,000,000 Any One Person/Org. \$ 1,000,000 Any One Person \$ 5,000 Any One Fire \$ 300,000  Each Accident Aggregate*
<b>AUTOMOBILE LIABILITY #</b> <input checked="" type="checkbox"/> Business Auto <input type="checkbox"/> Garage <input checked="" type="checkbox"/> Owned <input checked="" type="checkbox"/> Hired <input checked="" type="checkbox"/> Non-Owned  # Fill-in either Combined Single Limits or Split Limits	ACP 5502947271 NATIONWIDE  INSURANCE COMPANY	10/09/07	10/09/08	Bodily Injury (Each Person) \$ (Each Accident) \$ Property Damage (Each Accident) \$ Combined Single Limit \$ 1,000,000
<b>EXCESS LIABILITY</b> <input checked="" type="checkbox"/> Umbrella Form	ACP 5502947271 NATIONWIDE  INSURANCE COMPANY			Each Occurrence \$ 2,000,000 Aggregate* \$
<input checked="" type="checkbox"/> Workers Compensation  and  <input type="checkbox"/> Employers' Liability	Hartford 76WEGTU5283 NATIONWIDE  INSURANCE COMPANY	9/22/07	9/22/08	Statutory Limits  Bodily Injury by Accident \$ Ea. Accident 1,000,000  Bodily Injury by Disease \$ Each Employee 1,000,000  Bodily Injury by Disease \$ Policy Limit 1,000,000

Insurance in force only for hazards indicated by X.

Description of Operations/Locations/Vehicles/Restrictions/Special Item  
 Above Certificate Holder also added as Additional Insured

Date Certificate Issued: 03 03 08

Authorized Representative:  
 Countersigned at:

The Bazy Agency  
 Houston, Texas