

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) Current

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	CONTACT NAME Vendor's Insurance Agent Contac				
Vendor's Insurance Agent Information	PHONE (A/C, No, Ext):		FAX (A/C, No):		
Please send this SAMPLE CERTIFICATE to your	E-MAIL ADDRESS:				
Agent	INSURER(S) AFFORDING COVERAGE			NAIC #	
INSURED	INSURER A:	(Insurer must have a	an AM Best rating	Please	
Vendor Company Information	INSURER B:	of A- or higher and FSC Class		provide	
	INSURER C:	VIII or higher)		NAIC Numbers	
	INSURER D:	(SPECIFIC carrier na			
	INSURER E:	listed)			

COVERAGES REVISION NUMBER: CERTIFICATE 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	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS	
	Y	Y		,	,	EACH OCCURENCE	\$5,000,000
LIABILITY	-	-				PREMISES (Ea occurrence)	
CCUR						MED EXP (Any one person)	
						PERSONAL & ADV INJURY	\$1,000,000
						GENERAL AGGREGATE	\$2,000,000
PPLIES PER:						PRODUCTS - COMP/OP AGG	\$2,000,000
□ гос							\$
	Y	Y				COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
						BODILY INJURY (Per person)	\$
NED AUTOS						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
OCCUR	Y	Y				EA OCCURRENCE	\$ XXXXXXX
	_	_				AGGREGATE	\$ XXXXXXX
	N/A	Y				WC STATU- TORY LIMITS ☐ OTHER	
_₹ □		_				E.L. EACH ACCIDENT	\$100,000
						E.L. DISEASE - EA EMPLOYEE	\$100,000
EXCLUDED? (Mandatory in NH) If yes, describe under						E.L. DISEASE - POLICY LIMIT	\$100,000
	DOCCUR APPLIES PER: LOC ULED AUTOS VNED AUTOS OCCUR CLAIMS-MADE IN Y/N	DOCCUR APPLIES PER: LOC ULED AUTOS VNED AUTOS OCCUR CLAIMS-MADE NY TY Y/N N/A R/	OCCUR APPLIES PER: LOC Y Y Y ULED AUTOS VNED AUTOS OCCUR Y Y Y CLAIMS-MADE N TY Y/N R/	DOCCUR APPLIES PER: LOC Y Y ULED AUTOS VNED AUTOS OCCUR Y Y Y CLAIMS-MADE N TY Y/N N/A Y R/	DOCCUR APPLIES PER: LOC Y Y VI ULED AUTOS VNED AUTOS OCCUR Y Y Y TY N/A N/A Y R/	DOCCUR MPPLIES PER: LOC Y Y VI ULED AUTOS VNED AUTOS OCCUR Y Y Y CLAIMS-MADE N N N N N N N N N N N N N	MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG LOC Y Y Y COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) EA OCCURRENCE AGGREGATE N Y Y N/A N/A Y WC STATU- TORY LIMITS OTHER ELL EACH ACCIDENT ELL DISEASE - EA EMPLOYEE

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

Graphic Packaging International, LLC and Its Parent, Affiliates and Subsidiaries and owner entities are included as Additional Insureds on General Liability & Auto Liability policies, per attached endorsements, with respects to locations where services are provided. All insurance listed above will be primary and noncontributory with any insurance Graphic Packaging International, LLC may purchase. General Liability, Auto Liability and Workers' Compensation policies include a Waiver of Subrogation in favor of Graphic Packaging International, LLC and Its Parent, Affiliates and Subsidiaries and owner entities per the attached endorsements.

CERTIFICATE HOLDER

Graphic Packaging International, LLC And Its Parent, Affiliates and Subsidiaries **Insurance Compliance**

PO Box 100085 - GH

Duluth, GA 30096

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

Authorized Signature

ACORD 25 (2010/05)

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