

<b>Risk Type</b>	<b>Augusta Mill</b>	<b>Texarkana Mill</b>	<b>West Monroe Mill</b>	<b>Macon Mill</b>	<b>Standard (Converting, Recycle Mills)</b>	<b>High Risk</b>	<b>Canada</b>	<b>Ware-house</b>
<b>Consulting Agreement</b>			<b>Contact Risk Management to confirm insurance requirements</b>					
<b>Commercial General Liability (CGL)</b>	\$3.5M (\$6M if BLRB related)	\$3.5M (\$5M if BLRB related)	\$3.5M	\$3M (\$6M if BLRB related)	\$1M	\$5M	\$1M	\$1M
<b>Automobile Liability (AL)</b>	\$1M	\$1M	\$1M	\$1M	\$1M	\$1M	\$1M (When allowed in province)	\$1M
<b>Workers' Compensation (WC)</b>	Statutory Limits	Statutory Limits	Statutory Limits	Statutory Limits	Statutory Limits	Statutory Limits		Statutory Limits
<b>Employer's Liability (EL)</b>	\$100k	\$100k	\$100k	\$100k	\$100k	\$100k	\$100k	\$100k
<b>Warehouseman's Liability</b>								\$1M
<b>Waiver of Subrogation (WOS)</b>	All Policies (WC WOS in states where allowed)	All Policies (WC WOS in states where allowed)	All Policies (WC WOS in states where allowed)	All Policies (WC WOS in states where allowed)	All Policies (WC WOS in states where allowed)	All Policies (WC WOS in states where allowed)	CGL and AL (AL varies by province)	All Policies (WC WOS in states where allowed)
<b>Additional Insured (AI)</b>	All Policies except WC	All Policies except WC	All Policies except WC	All Policies except WC	All Policies except WC	All Policies except WC	GL and Auto (Auto varies by province)	All Policies except WC
<b>Primary and Non-Contributory</b>	CGL and AL	CGL and AL	CGL and AL	CGL and AL	CGL and AL	CGL and AL	CGL and AL (AL varies by province)	All Policies except WC



181 University Ave, Suite 1700 Toronto ON M5H 3M7  
 T.416-599-5530 | 1-800-668-5901 | F.416-599-5458

**CERTIFICATE OF INSURANCE**  
 No 2017-00004

THIS IS TO CERTIFY TO:

**Graphic Packaging International Canada, ULC.**  
**7830 Tranmere Drive, Mississauga, ON L5S 1L9**

that the following described policy(ies) or cover note(s) in force at this date have been affected to cover as shown below: NAMED

INSURED: **Vendor Name and Address Here**

ADDRESS:

Description of operations and/or activities and/or locations to which this certificate applies:

All operations usual to the business of the Named Insured

<b>TYPE</b>	<b>INSURER/POLICY No</b>	<b>TERM</b>	<b>LIMITS</b>
<b>Commercial General Liability</b>	XXXX Insurance Company Policy No: 1234567893	xx/xx/xxxx to xx/xx/xxxx	
Each Occurrence - Bodily Injury & Property Damage			\$ 1,000,000
General Aggregate (other than Products & Completed Operations Aggregate)			\$ 5,000,000
Products/Completed Operations Aggregate			\$ 2,000,000
Personal and Advertising Injury			\$ 1,000,000
Employee Benefits Liability			\$ 1,000,000
Non-Owned Automobile			\$ 1,000,000
Tenant's Legal Liability			\$ 1,000,000
<b>Commercial Automobile</b>	XXXX Insurance Company Policy No: 987654321	xx/xx/xxxx to xx/xx/xxxx	
Third Party Liability			\$ 1,000,000
Includes:			
OPCF5/QEF 5A/SEF 5 - Permission to Rent or Lease Endorsement			
OPCF 21B/QEF 21B/SEF 21D - Blanket Fleet Coverage 50/50			
OPCF44 - Family Protection Endorsement			
Deductible - All Risk Physical Damage Per Occurrence- All Private Passenger Vehicles			\$ 2,500

**Additional Information**

Limits are in CAD Currency.

It is hereby understood and agreed Graphic Packaging International Canada, ULC., including its parent, subsidiaries and affiliated companies, its officers, directors, and employees are added as additional insured on the Commercial General Liability policy, but only with respect to the liability arising out of operations of the named insured. Insurance is Primary and Non-Contributory.

Waiver of subrogation is included, only if required by the contract, under the Commercial General Liability policy, and in favor of Graphic Packaging International Canada, ULC. and its affiliates, directors, officers and employees.

This certificate is issued as a matter of information only and is subject to all the limitations, exclusions and conditions of the above-listed policies as they now exist or may hereafter be endorsed. Should one of the above-noted policies be cancelled before the expiry date shown, the insurer(s) will endeavor to provide 30 day written notice and/or as specified in the policy conditions, to the certificate holder but assumes no responsibility for failure to do so.


Limits shown above may be reduced by Claims or Expenses paid.

**BFL CANADA Risk and Insurance Services Inc.**

Authorized Representative  
 Myra Salazar

Signed in Toronto this June 30, 2017

# DRAFT: CONVERTING LOCATIONS - SAMPLE


Exhibit A

## 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).

<b>PRODUCER</b> <b>Vendor's Insurance Agent Information</b> Please send this <b>SAMPLE CERTIFICATE</b> to your Agent	<b>CONTACT</b> Vendor's Insurance Agent Contact Information NAME: _____ PHONE (A/C, No. Ext): _____ FAX (A/C, No): _____ E-MAIL: _____ ADDRESS: _____ INSURER(S) AFFORDING COVERAGE: _____ NAIC #: _____ INSURER A: <b>(Insurer must have an AM Best rating of A- or</b> INSURER B: <b>higher and FSC Class VIII or higher)</b> INSURER C: <b>PLEASE PROVIDE NAIC NUMBERS</b> INSURER D: <b>(SPECIFIC carrier names must be</b> INSURER E: <b>listed)</b> INSURER F: _____
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**INSURED**  
Vendor Company Information

COVERAGES	CERTIFICATE NUMBER:	REVISION NUMBER:
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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	ADDITIONAL INSURER	BUSINESS	POLICY NUMBER	POLICY EFF. DATE (MM/DD/YYYY)	POLICY EXP. DATE (MM/DD/YYYY)	LIMITS
	<b>GENERAL LIABILITY</b>						<b>EACH OCCURRENCE</b> \$ <b>1,000,000</b>
<input checked="" type="checkbox"/>	<b>COMMERCIAL GENERAL LIABILITY</b>						<b>DAMAGE TO RENTED PREMISES (Ea occurrence)</b> \$
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	<b>Y</b>	<b>Y</b>				<b>MED EXP (Any one person)</b> \$
	<b>GEN'L AGGREGATE LIMIT APPLIES PER:</b>						<b>PERSONAL &amp; ADV INJURY</b> \$ <b>1,000,000</b>
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRODUCT <input type="checkbox"/> LOC						<b>GENERAL AGGREGATE</b> \$ <b>1,000,000</b>
	<b>AUTOMOBILE LIABILITY</b>						<b>PRODUCTS - COMP/OP AGG</b> \$ <b>1,000,000</b>
<input checked="" type="checkbox"/>	<b>ANY AUTO</b>						<b>COMBINED SINGLE LIMIT (Ea accident)</b> \$ <b>1,000,000</b>
	<input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS	<b>Y</b>	<b>Y</b>				<b>BODILY INJURY (Per person)</b> \$
	<input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						<b>BODILY INJURY (Per accident)</b> \$
	<b>UMBRELLA LIAB</b>						<b>PROPERTY DAMAGE (Per accident)</b> \$
<input checked="" type="checkbox"/>	<b>EXCESS LIAB</b>						<b>EACH OCCURRENCE</b> \$ <b>XXXXXXX</b>
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR	<b>Y</b>	<b>Y</b>				<b>AGGREGATE</b> \$ <b>XXXXXXX</b>
	<b>DED</b> <input type="checkbox"/> <b>RETENTION</b> \$						
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						<input checked="" type="checkbox"/> <b>WC STATUTORY LIMITS</b> <input type="checkbox"/> <b>OTHER</b>
	<b>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)</b>	<b>N/A</b>	<b>Y</b>				<b>E.L. EACH ACCIDENT</b> \$ <b>100,000</b>
	<b>BASE/PRIOR OPERATIONS below</b>						<b>E.L. DISEASE - EA EMPLOYER</b> \$ <b>100,000</b>
							<b>E.L. DISEASE - POLICY LIMIT</b> \$ <b>100,000</b>

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 non-contributory 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.

<b>CERTIFICATE HOLDER</b> <span style="background-color: yellow; padding: 2px;">Graphic Packaging International, LLC</span> <span style="background-color: yellow; padding: 2px;">And its Parent, Affiliates and Subsidiaries</span> <span style="background-color: yellow; padding: 2px;">1500 Riveredge Parkway NW, Suite 100</span> <span style="background-color: yellow; padding: 2px;">Atlanta, GA 30328</span> Certificate Holder must match exactly as seen here.	<b>CANCELLATION</b> 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
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ACORD 25 (2010/05)
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# DRAFT: MACON NON-BOILER - SAMPLE



## 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).

<b>PRODUCER</b>  Vendor's Insurance Agent Information Please send this <b>SAMPLE CERTIFICATE</b> to your Agent  Vendor Company Information	<b>CONTACT NAME</b> Vendor's Insurance Agent Contact Information PHONE (A/C, No, Ext):      FAX (A/C, No): E-MAIL ADDRESS:  INSURER(S) AFFORDING COVERAGE      NAIC # INSURER A: (Insurer must have an AM Best rating of A- or higher and FSC Class VIII or higher)      Please provide INSURER B: (SPECIFIC carrier names must be listed) INSURER C: INSURER D: INSURER E:
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**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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	Y	Y				EACH OCCURRENCE      \$3,000,000 PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY      \$1,000,000 GENERAL AGGREGATE      \$2,000,000 PRODUCTS - COMP/OP AGG      \$2,000,000 \$
	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED <input type="checkbox"/> SCHEDULED AUTOS AUTOS ONLY <input type="checkbox"/> HIRED <input type="checkbox"/> NON-OWNED AUTOS AUTOS ONLY      ONLY	Y	Y				COMBINED SINGLE LIMIT (Ea accident)      \$1,000,000 BODILY INJURY (Per person)      \$ BODILY INJURY (Per accident)      \$ PROPERTY DAMAGE (Per accident)      \$
	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION	Y	Y				EA OCCURRENCE      \$ XXXXXXXX AGGREGATE      \$ XXXXXXXX
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> Y/N      N/A      Y ANY PROPRIETOR/PARTNER/ EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> (Mandatory in NH if yes, describe under						<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER EL EACH ACCIDENT      \$100,000 EL DISEASE - EA EMPLOYEE      \$100,000 EL DISEASE - POLICY LIMIT      \$100,000

**DESCRIPTION OF OPERATIONS below**  
**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 Insured 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 non-contributory 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.

<b>CERTIFICATE HOLDER</b>  Graphic Packaging International, LLC And its Parent, Affiliates and Subsidiaries 1500 Riveredge Parkway NW, Suite 100 Atlanta, GA 30328	<b>CANCELLATION</b> 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
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# DRAFT: AUGUSTA BOILER - SAMPLE

## 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).**

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

**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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> _____ <input type="checkbox"/> _____ GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	Y	Y				<b>EACH OCCURENCE</b> \$6,000,000 PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED <input type="checkbox"/> SCHEDULED AUTOS AUTOS ONLY <input type="checkbox"/> HIRED <input type="checkbox"/> NON-OWNED AUTOS AUTOS ONLY <input type="checkbox"/> <input type="checkbox"/>	Y	Y				<b>COMBINED SINGLE LIMIT</b> (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION	Y	Y				EA OCCURRENCE \$ XXXXXXX AGGREGATE \$ XXXXXXX
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> Y/N ANY PROPRIETOR/PARTNER/ EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under <input type="checkbox"/>	N/A	Y				<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$100,000 E.L. DISEASE - EA EMPLOYEE \$100,000 E.L. DISEASE - POLICY LIMIT \$100,000

DESCRIPTION OF OPERATIONS below  
 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 non-contributory 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.**

<b>CERTIFICATE HOLDER</b> <b>Graphic Packaging International, LLC</b> <b>And Its Parent, Affiliates and Subsidiaries</b> <b>1500 Riveredge Parkway NW, Suite 100</b> <b>Atlanta, GA 30328</b>	<b>CANCELLATION</b> 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 <b>Authorized Signature</b>
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