

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 7/1/2020

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 have ADDITIONAL INSURED provisions or be endorsed.

	BROGATION IS WAIVED, subject ertificate does not confer rights to				uch en	dorsement(s		Togano an ondorsement. A st	atoment on	
PRODUCER Lockton Companies						CONTACT NAME:				
3280 Peachtree Road NE, Suite #250 Atlanta GA 30305					PHONE FAX (A/C, No): E-MAIL ADDRESS:					
										(404) 460-3600
INSURER(S) AFFORDING COVERAGE										
INSURED C. I. D. I.					INSURER A: Liberty Mutual Fire Insurance Company				23035	
1279777 Graphic Packaging International, LLC					INSURER B : Liberty Insurance Corporation				42404	
1300 Riveredge Parkway, 9th Floor					INSURER C: LM Insurance Corporation				33600	
Suite #100						INSURER D:				
Atlanta GA 30328					INSURER E :					
					INSURER F:					
COVER	RAGES CER	TIFIC	CATE	NUMBER: 1683769	0			REVISION NUMBER: XX	XXXXX	
INDIC CERT EXCL	IS TO CERTIFY THAT THE POLICIES ATED. NOTWITHSTANDING ANY RE IFICATE MAY BE ISSUED OR MAY I USIONS AND CONDITIONS OF SUCH	QUIF PERT POLI	REMENTAIN,	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN' ED BY	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RESPECT TO YOUR HEREIN IS SUBJECT TO ALL T	WHICH THIS	
NSR .TR	TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A X	CLAIMS-MADE X OCCUR	N	N	TB2-661-004267-220		6/30/2020	6/30/2021	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 2,00	00,000	
								MED EXP (Any one person) \$ 10,0		
								PERSONAL & ADV INJURY \$ 2,00	00,000	
GE	N'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$ 10,0	000,000	
X	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG \$ 4,00	00,000	
	OTHER:							\$		
A AUTOMOBILE LIABILITY			N	AS2-661-004267-210		6/30/2020	6/30/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 2.00	00,000	
X	ANY AUTO								XXXXX	
21	OWNED SCHEDULED								XXXXX	
	AUTOS ONLY AUTOS NON-OWNED							PROPERTY DAMAGE	XXXXXX	
	AUTOS ONLY AUTOS ONLY							(1 ci dooidciit)	XXXXX	
D 37	UMBRELLA LIAB Y OCCUP	N.T.	NT.	THE CC1 0042CT 240		c/20/2020	c/20/2021			
$\mathbf{B} \mid \mathbf{X}$	A OCCOR	N	N	TH7-661-004267-240		6/30/2020	6/30/2021		000,000	
	CLAIIVIS-IVIADE							1	000,000	
14/0	DED X RETENTION\$ 10,000							\$ XX	XXXXX	
B AND	RKERS COMPENSATION DEMPLOYERS' LIABILITY Y/N	N/A	N	WA7-66D-004267-190 (AC	I) ĺ	6/30/2020 6/30/2020 6/30/2020	6/30/2021 6/30/2021 6/30/2021	X PER STATUTE ER OTH-		
B ANY	PROPRIETOR/PARTNER/EXECUTIVE IN			WC7-661-004267-200 (WI EW5-66N-004267-230 (OI				E.L. EACH ACCIDENT \$ 1,00	00,000	
(Ma	Mandatory in NH)				,		=-	E.L. DISEASE - EA EMPLOYEE \$ 1,00	00,000	
DES	es, describe under SCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$ 1,00	00,000	
								·		
ESCRIP	TION OF OPERATIONS / LOCATIONS / VEHICL	LES (A	CORD	101, Additional Remarks Schedu	le, may b	e attached if mor	e space is requir	ed)		
CERTIFICATE HOLDER						CANCELLATION				
	6837690 For Informational Purposes Only					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN				

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ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE