

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

TYPE	INSURER/POLICY No	TERM	LIMITS
Commercial General Liability	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
Commercial Automobile	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).

PRODUCER Vendor's Insurance Agent Information Please send this SAMPLE CERTIFICATE to your Agent	CONTACT 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: (Insurer must have an AM Best rating of A- or higher and FSC Class VIII or higher) INSURER B: _____ INSURER C: PLEASE PROVIDE NAIC NUMBERS INSURER D: (SPECIFIC carrier names must be listed) INSURER E: _____ INSURER F: _____
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INSURED
Vendor Company Information

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

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.

CERTIFICATE HOLDER Graphic Packaging International, LLC And its Parent, Affiliates and Subsidiaries 1500 Riveredge Parkway NW, Suite 100 Atlanta, GA 30328 Certificate Holder must match exactly as seen here.	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
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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).

PRODUCER Vendor's Insurance Agent Information Please send this SAMPLE CERTIFICATE 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 # 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:
INSURED Vendor Company Information	

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
	GENERAL LIABILITY <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				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 \$
	AUTOMOBILE LIABILITY <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 <input type="checkbox"/> <input type="checkbox"/>	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
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY 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)
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CERTIFICATE HOLDER Graphic Packaging International, LLC And its Parent, Affiliates and Subsidiaries 1500 Riveredge Parkway NW, Suite 100 Atlanta, GA 30328	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
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DRAFT: AUGUSTA BOILER - SAMPLE

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
Current

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INSURED 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:** _____

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	GENERAL LIABILITY <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				EACH OCCURENCE \$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 \$
	AUTOMOBILE LIABILITY <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				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 \$ XXXXXXX AGGREGATE \$ XXXXXXX
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY 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

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