



# 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><br><br><b>Vendor's Insurance Agent Information</b><br>Please send this SAMPLE CERTIFICATE to your Agent | CONTACT NAME <b>Vendor's Insurance Agent Contact Information</b> |                                      |              |
|   | PHONE (A/C, No, Ext):  | FAX (A/C, No):                       |              |
|   | E-MAIL ADDRESS:  |                                      |              |
| <b>INSURED</b><br><br><b>Vendor Company Information</b>   | INSURER(S) AFFORDING COVERAGE                                    |                                      | NAIC #       |
|   | 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><br><input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR<br><input type="checkbox"/><br><input type="checkbox"/><br>GENL AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC | Y         | Y        |               |                         |                         | <b>EACH OCCURENCE</b><br>PREMISES (Ea occurrence)<br>MED EXP (Any one person)<br>PERSONAL & ADV INJURY<br>GENERAL AGGREGATE<br>PRODUCTS - COMP/OP AGG<br>\$  | <b>\$3,000,000</b><br><br><br><br><br><br><br>\$<br><br><br><br><br>\$ |
|          | <b>AUTOMOBILE LIABILITY</b><br><input checked="" type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED <input type="checkbox"/> SCHEDULED AUTOS<br>AUTOS ONLY<br><input type="checkbox"/> HIRED <input type="checkbox"/> NON-OWNED AUTOS<br>AUTOS ONLY<br><input type="checkbox"/> <input type="checkbox"/>   | Y         | Y        |               |                         |                         | <b>COMBINED SINGLE LIMIT</b><br>(Ea accident)<br>BODILY INJURY (Per person)<br>BODILY INJURY (Per accident)<br>PROPERTY DAMAGE<br>(Per accident)   | <b>\$1,000,000</b><br><br><br>\$<br><br>\$<br><br>\$                   |
|          | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR<br><input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br><input type="checkbox"/> DED <input type="checkbox"/> RETENTION  | Y         | Y        |               |                         |                         | EA OCCURENCE<br>AGGREGATE  | \$ XXXXXXX<br>\$ XXXXXXX   |
|          | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> Y/N<br>ANY PROPRIETOR/PARTNER/<br>EXECUTIVE OFFICER/MEMBER<br>EXCLUDED?<br>(Mandatory in NH)<br>If yes, describe under  | N/A       | Y        |               |                         |                         | <input checked="" type="checkbox"/> WC STATU-<br>TORY LIMITS <input type="checkbox"/> OTH-<br>ER<br><b>E.L. EACH ACCIDENT</b><br><b>E.L. DISEASE - EA EMPLOYEE</b><br><b>E.L. DISEASE - POLICY LIMIT</b> | \$100,000<br>\$100,000<br>\$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.**

**CERTIFICATE HOLDER**

**Graphic Packaging International, LLC**  
**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**