

**MGOODWIN** 



## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 11/24/2021

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.

lf th	SUI	BROGATION IS WAIVED, subject entificate does not confer rights to	ct to	the	terms and conditions of	the po	licy, certain   dorsement(s)	policies may ).				
PRODUCER License # 1000009384							CONTACT Michelle Goodwin					
		rnational Carolinas dy Street				PHONE   FAX (A/C, No, Ext): (A/C, No):						
Columbia, SC 29201							E-MAIL ADDRESS: Michelle.Goodwin@hubinternational.com					
						INSURER(S) AFFORDING COVERAGE					NAIC #	
							INSURER A: Travelers Property Casualty Company of America					25674
INSURED							INSURER B : Farmington Casualty Company				41483	
Southeastern Paperboard, Inc.							INSURER C:					
& Paper Logistics, Inc. 100 South Harris Road							INSURER D:					
Piedmont, SC 29673							INSURER E :					
•							INSURER F:					
CO	/ER	AGES CER	TIFIC	CATE	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 TYPE OF INSURANCE ADDITIONS OF SUCH POLICIES. EINITIS SHOWN MAY HAVE INSPIRED.						POLICY EFF POLICY EXP (MM/DD/YYYY) (MM/DD/YYYY) LIMITS						
Α	Х	COMMERCIAL GENERAL LIABILITY					(111111)	(IIIIII)	EACH OCCURRENCE		\$	1,000,000
		CLAIMS-MADE X OCCUR			Y-630-0J450610-TIL-21		12/1/2021	12/1/2022	DAMAGE TO RENTED PREMISES (Ea occurre			300,000
									MED EXP (Any one pers	· 1		5,000
									PERSONAL & ADV IN II		\$	1,000,000

	X COMMERCIAL GENERAL LIABILITY		V 000 0 1450040 TU 04	40/4/0004	40/4/0000	DAMAGE TO RENTED	\$ 1,0	300,000
	CLAIMS-MADE X O	OCCUR	Y-630-0J450610-TIL-21	12/1/2021	12/1/2022	PREMISES (Ea occurrence)	\$	,
						MED EXP (Any one person)	\$	5,000
						PERSONAL & ADV INJURY	<b>a</b>	000,000
	GEN'L AGGREGATE LIMIT APPLIES	S PER:				GENERAL AGGREGATE	\$ 2,0	000,000
	X POLICY PRO- JECT	LOC				PRODUCTS - COMP/OP AGG	\$ 2,0	000,000
	OTHER:					EBL AGGREGATE	\$ 2,0	000,000
Α	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$ 1,0	000,000
	X ANY AUTO		840-1F847440-21-14	12/1/2021	12/1/2022	BODILY INJURY (Per person)	\$	
	OWNED SCHE AUTO	EDULED OS				BODILY INJURY (Per accident)	\$	
	X HIRED AUTOS ONLY X NON-AUTO	OWNED OS ONLY				PROPERTY DAMAGE (Per accident)	\$	
						Under/Uninsured	\$ 1,0	000,000
Α	UMBRELLA LIAB X O	OCCUR				EACH OCCURRENCE	\$ 10,0	000,000
	V		CUD 41 047450 04 44	40/4/0004	12/1/2022		40.0	000,000
	X EXCESS LIAB C	LAIMS-MADE	CUP-4L017150-21-14	12/1/2021	12/1/2022	AGGREGATE	\$ 10,0	,000,000
	DED X RETENTION\$	10,000	CUP-4L017150-21-14	12/1/2021	12/1/2022	AGGREGATE	\$ 10,0	,000,000
В	DED X RETENTION\$	10,000	CUP-4L01/150-21-14	12/1/2021	12/1/2022		<b>D</b>	
В	DED X RETENTION \$  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECU	10,000	UB8J301309-21-14-G	12/1/2021	12/1/2022		\$	500,000
В	DED X RETENTION \$  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECT OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	10,000 Y/N				X PER OTH-	\$ 5	
В	DED X RETENTION \$  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECU	10,000  UTIVE Y/N N/A				X PER STATUTE E.L. EACH ACCIDENT  E.L. DISEASE - EA EMPLOYEE	\$ \$ \$ \$ 5	500,000
В	DED X RETENTION \$  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECT OFFICER/MEMBER EXCLUDED? (Mandatory in NH)  If yes, describe under	10,000  UTIVE Y/N N/A				X PER STATUTE E.L. EACH ACCIDENT  E.L. DISEASE - EA EMPLOYEE	\$ 5 \$ 5 \$ 5	500,000
Α	DED X RETENTION \$  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECT OFFICER/MEMBER EXCLUDED?  (Mandatory in NH)  If yes, describe under DESCRIPTION OF OPERATIONS be	10,000  UTIVE Y/N N/A	UB8J301309-21-14-G	12/1/2021	12/1/2022	X PER OTH- E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	\$ 5 \$ 5 \$ 5	500,000 500,000 500,000

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

CERTIFICATE HOLDER	CANCELLATION
FOR INFORMATION ONLY	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