Client#: 2032076 SOUTHPAP5

## ACORD...

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/27/2024

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. 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 any rights to the certificate holder in lieu of such endorsement(s).

| oo:  |  |      |  |  |  |
|--|--|------|--|--|--|
| PRODUCER   | CONTACT Ethan Knight   |      |  |  |  |
| USI Insurance Services, LLC  | PHONE (A/C, No, Ext): 864 428-4314 FAX (A/C, No): 864 232-54 | 17   |  |  |  |
| 101 N.Main Street, Suite 900<br>Greenville, SC 29601<br>864 232-5162                     | E-MAIL<br>ADDRESS: ethan.knight@usi.com                      |      |  |  |  |
|  | INSURER(S) AFFORDING COVERAGE N                              | AIC# |  |  |  |
|  | INSURER A: Charter Oak Fire Insurance Company 2561           | 5    |  |  |  |
| Southeastern Paperboard, Inc. Paper Logistics, Inc 100 S. Harris Road Piedmont, SC 29673 | INSURER B: Travelers Property Cas. Co. of America 2567       | 4    |  |  |  |
|  | INSURER C: Travelers Indemnity Co of America 2566            | 6    |  |  |  |
|  | INSURER D: Twin City Fire Insurance Company 2945             | 9    |  |  |  |
|  | INSURER E:   |      |  |  |  |
|  | INSURER F:   |      |  |  |  |

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.

| TYPE OF INSURANCE                                   | ADDL SUBR   | POLICY NUMBER  | POLICY EFF<br>(MM/DD/YYYY)  | POLICY EXP<br>(MM/DD/YYYY)   | LIMITS   |   |
|---|---|--|---|--|--|---|
| X COMMERCIAL GENERAL LIABILITY  CLAIMS MADE X OCCUP |   | 6301Y025521  | 12/01/2024  | 12/01/2025   |  | \$1,000,000<br>\$300,000  |
| CLAIIVIS-IVIADE A OCCUR                             |   |  |   |  | MED EXP (Any one person)   | \$5,000   |
|   |   |  |   |  | PERSONAL & ADV INJURY  | \$1,000,000   |
| GEN'L AGGREGATE LIMIT APPLIES PER:                  |   |  |   | ·  | GENERAL AGGREGATE  | \$2,000,000   |
| POLICY JECT LOC                                     |   |  |   | •  | PRODUCTS - COMP/OP AGG   | \$2,000,000   |
| OTHER:  |   |  |   |  | COMBINED SINGLE LIMIT  | \$  |
|   |   | 8401F847440  | 12/01/2024  | 12/01/2025   |  | \$1,000,000   |
|   |   |  |   | ·  | · · · /  | \$  |
| AUTOS ONLY AUTOS                                    |   |  |   |  | ,  | *   |
| X AUTOS ONLY X NON-OWNED AUTOS ONLY                 |   |  |   | ·  | (Per accident)   | \$  |
|   |   |  |   |  |  | \$  |
| X UMBRELLA LIAB X OCCUR                             |   | CUP1Y036117  | 12/01/2024  | 12/01/2025   | EACH OCCURRENCE  | \$10,000,000  |
| EXCESS LIAB CLAIMS-MADE                             |   |  |   |  | AGGREGATE  | \$10,000,000  |
| DED X RETENTION \$10000                             |   |  |   |  |  | \$  |
| AND EMPLOYEDELLIABILITY                             |   | UB0Y957049   | 12/01/2024  | 12/01/2025   | X PER STATUTE OTH-   |   |
| ANY PROPRIETOR/PARTNER/EXECUTIVE                    | N/A   |  |   |  | E.L. EACH ACCIDENT   | \$500,000   |
| (Mandatory in NH)                                   |   |  |   |  | E.L. DISEASE - EA EMPLOYEE   | \$500,000   |
| DESCRIPTION OF OPERATIONS below                     |   |  |   |  | E.L. DISEASE - POLICY LIMIT  | \$500,000   |
| Fiduciary Liab                                      |   | 22KB0492217  | 12/01/2024  | 12/01/2025   | 1,000,000  |   |
|   |   |  |   |  |  |   |
|   |   |  |   |  |  |   |
|   | CLAIMS-MADE X OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER:  POLICY PRO- OTHER:  AUTOMOBILE LIABILITY  X ANY AUTO OWNED AUTOS ONLY X HIRED AUTOS ONLY X AUTOS ONLY X HIRED CLAIMS-MADE EXCESS LIAB CLAIMS-MADE DED X RETENTION \$10000  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ((Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | CLAIMS-MADE X OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER:  POLICY PRODUCT LOC OTHER:  AUTOMOBILE LIABILITY  X ANY AUTO OWNED AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY  X UMBRELLA LIAB X OCCUR  EXCESS LIAB CLAIMS-MADE  DED X RETENTION \$10000  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTINER/EXECUTIVE NAY PROPRIETOR/PARTINER/EXECUTIVE OFFICER/MEMBER EXCLUDED?  If yes, describe under DESCRIPTION OF OPERATIONS below | X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER:  POLICY PROPOLICY JECT LOC OTHER:  AUTOMOBILE LIABILITY  X ANY AUTO OWNED AUTOS ONLY AUTOS ONLY AUTOS ONLY  X HIRED AUTOS ONLY X AUTOS ONLY  X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE  DED X RETENTION \$10000  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N OFFICER/MEMBER EXCLUDED?  ((Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below  G301Y025521  6301Y025521  6401F847440  6401F847440  CUP1Y036117  CUP1Y036117  CUP1Y036117  UB0Y957049 | COMMERCIAL GENERAL LIABILITY   CLAIMS-MADE   X OCCUR   X AUTOS ONLY   X OCCUR   EXCESS LIAB   CLAIMS-MADE   DED   X RETENTION \$10000   CLAIMS-MADE   DED   X RETENTION \$10000   COPFICER/MEMBER EXCLUDED?   N / A ((Mandatory in NH))   N / A ((Mandatory in NH))   If yes, describe under DESCRIPTION OF OPERATIONS below | COMMERCIAL GENERAL LIABILITY   CLAIMS-MADE   X OCCUR   CLAIMS-MADE   CLAIMS- | TYPE OF INSURANCE   INSR   WVD   POLICY NUMBER   (MM/DD/YYYY)   (MM/DD/YYYYY)   (MM/DD/YYYY)   (MM/DD/YYYYY)   (MM/DD/YYYYY)   (MM/DD/YYYYY)   (MM/DD/YYYY)   (MM/DD/YYYYY)   (MM/DD/YYYYYY)   (MM/DD/YYYYYYYYYYYYYYYYYYYYYYYYYYYYYYYYY |

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

This Certificate is issued for insured operations usual to paperboard products.

**Auto Deductibles:** 

Trailer Interchange - \$1,000

Light/Medium Truck - \$1,000

Extra Heavy Truck/Heavy Truck Tractor/Extra Heavy Truck Tractor - \$5,000

| CERTIFICATE HOLDER   | CANCELLATION   |  |  |  |  |
|--|--|--|--|--|--|
| Proof of Insurance Coverage<br>100 South Harris Road<br>Piedmont, SC 29673 | 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  |  |  |  |  |
|  | Paula B Bulman   |  |  |  |  |
|  |  |  |  |  |  |

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