

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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).

ABC Insurance AgAnywhere USA	ABC Insurance Agency Anywhere USA		CONTACT NAME: PHONE (A/C, No, Ext): (A/C, No): E-MAIL ADDRESS:			
		INSURER(S) AFFORDING COVERAGE			NAIC #	
		INSURER A: XYZ	Insurance Com	pany		
INSURED Cupplion Named In	nsured and Address	INSURER B:				
Supplier Named II	iisured and Address	INSURER C:				
		INSURER D :				
		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.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY  X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  X Contractual Liability  X Property Damage	Х		GL00000234	1/1/20	1/1/21	EACH OCCURRENCE         \$ 5,000,000           DAMAGE TO RENTED PREMISES (Ea occurrence)         \$ 100,000           MED EXP (Any one person)         \$ 5,000,000           PERSONAL & ADV INJURY         \$ 5,000,000           GENERAL AGGREGATE         \$ 10,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:  X POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG \$ 5,000,000 \$
	AUTOMOBILE LIABILITY  ANY AUTO  ALL OWNED SCHEDULED AUTOS NON-OWNED AUTOS  HIRED AUTOS AUTOS			DRAFT			COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$			UMB000234	1/1/20	1/1/21	### SECH OCCURRENCE \$ 2,000,000   \$ 2,000,000   \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					WC STATU- TORY LIMITS OTH- E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

McLane Company, Inc., Its Parent and All Subsidiaries, Affiliates and Divisions Are Named As

Additional Insureds.

CERTIFICATE HOLDER			CANCELLATION
McLane Company.	Inc . Its	s Parent and All	

Subsidiaries, Affiliates and Divisions
4747 McLane Parkway
Temple, TX 76504

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

Signature of Agent or Broker

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