



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
11/01/2017

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

<b>PRODUCER</b> MARSH USA INC. 540 W. MADISON CHICAGO, IL 60661 Attn: Chicago.CertRequest@marsh.com   Fax: 212-948-0770	<b>CONTACT NAME:</b> _____	
	<b>PHONE (A/C, No, Ext):</b> _____	<b>FAX (A/C, No):</b> _____
<b>E-MAIL ADDRESS:</b> _____		
<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURER A :</b> National Union Fire Insurance Company Of Pittsburgh,		19445
<b>INSURER B :</b> N/A		N/A
<b>INSURER C :</b> New Hampshire Insurance Company		23841
<b>INSURER D :</b> American Home Assurance Company		19380
<b>INSURER E :</b> Illinois National Insurance Company		23817
<b>INSURER F :</b> _____		

**COVERAGES**                      **CERTIFICATE NUMBER:** CHI-007217578-44                      **REVISION NUMBER:** 6

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> SELF-INSURED RETENTION (SIR) \$1,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC <input type="checkbox"/> OTHER			GL 6939089	11/01/2017	11/01/2018	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
							MED EXP (Any one person)	\$
							PERSONAL & ADV INJURY	\$ 2,000,000
							GENERAL AGGREGATE	\$ 15,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
A	AUTOMOBILE LIABILITY			CA 7093352 (AOS)	11/01/2017	11/01/2018	COMBINED SINGLE LIMIT (Ea accident)	\$ 2,000,000
A	<input checked="" type="checkbox"/> ANY AUTO			CA 7093351 (VA)	11/01/2017	11/01/2018	BODILY INJURY (Per person)	\$
A	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			CA 7093350 (MA)	11/01/2017	11/01/2018	BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WC 013778873 (AOS)	11/01/2017	11/01/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
D	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		Y/N	WC 013778868 (CA)	11/01/2017	11/01/2018	E L EACH ACCIDENT	\$ 2,000,000
E	If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	WC 013778869 (FL)	11/01/2017	11/01/2018	E L DISEASE - EA EMPLOYEE	\$ 2,000,000
C	WORKERS COMPENSATION CONT. (CONTINUED ON ATTACHED)			WC 013778870 (ME)	11/01/2017	11/01/2018	E L DISEASE - POLICY LIMIT	\$ 2,000,000
C	WORKERS COMPENSATION CONT. (CONTINUED ON ATTACHED)			WC 01377871 (MA,WI,ND,WA,WY)	11/01/2017	11/01/2018	LIMITS SAME AS ABOVE	

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**  
 THE STATE OF COLORADO AND ALL OF ITS AGENCIES AND INSTITUTIONS OF HIGHER EDUCATION ARE INCLUDED AS ADDITIONAL INSURED UNDER GENERAL LIABILITY, BUT ONLY AS REQUIRED BY WRITTEN CONTRACT.  
 COVERAGE IS PRIMARY AND NON-CONTRIBUTORY, BUT ONLY AS REQUIRED BY WRITTEN CONTRACT.  
 WAIVER OF SUBROGATION IS INCLUDED IN FAVOR OF THE STATE OF COLORADO, ITS AGENCIES AND INSTITUTIONS OF HIGHER EDUCATION, BUT ONLY AS REQUIRED BY WRITTEN CONTRACT.

<b>CERTIFICATE HOLDER</b>  STATE OF COLORADO C/O STATE OF PURCHASING OFFICE 633 17TH ST, #1520 DENVER, CO 80202	<b>CANCELLATION</b>  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 of Marsh USA Inc.  Manashi Mukherjee <i>Manashi Mukherjee</i>
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**ADDITIONAL REMARKS SCHEDULE**

AGENCY MARSH USA INC		NAMED INSURED Office Depot, Inc. & its Subsidiaries including OfficeMax Incorporated 6600 North Military Trail Boca Raton, FL 33496	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

**ADDITIONAL REMARKS**

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

ADDITIONAL WORKERS COMPENSATION POLICIES:

CARRIER: NEW HAMPSHIRE INS COMPANY  
POLICY NUMBER: WC 013778872 (AK,AZ,VA,KY,NC,NJ,NH,PA,UT,VA)  
POLICY TERM: 11/01/2017 - 11/01/2018  
WORKERS COMPENSATION: STATUTORY LIMIT  
EMPLOYERS LIABILITY EACH ACCIDENT: \$2,000,000  
EMPLOYERS LIABILITY DISEASE-POLICY LIMIT: \$2,000,000  
EMPLOYERS LIABILITY DISEASE-EACH EMPLOYEE: \$2,000,000

CARRIER: NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA  
POLICY NUMBER: XWC 4595560 (IL,OH) / (EXCESS WORKERS COMP)  
POLICY TERM: 11/01/2017 - 11/01/2018  
POLICY SIR VALUE: \$1,000,000  
WORKERS COMPENSATION: STATUTORY LIMIT  
EMPLOYERS LIABILITY EACH ACCIDENT: \$2,000,000  
EMPLOYERS LIABILITY DISEASE-POLICY LIMIT: \$2,000,000  
EMPLOYERS LIABILITY DISEASE-EACH EMPLOYEE: \$2,000,000



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	<b>PHONE (A/C, No, Ext):</b>	<b>FAX (A/C, No):</b>
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<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
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<b>INSURER B : N/A</b>		N/A
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<b>INSURER E : Illinois National Insurance Company</b>		23817
<b>INSURER F :</b>		

**COVERAGES**      **CERTIFICATE NUMBER:** CHI-007216025-15      **REVISION NUMBER:** 6

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A	AUTOMOBILE LIABILITY			CA 7093352 (AOS)	11/01/2017	11/01/2018	COMBINED SINGLE LIMIT (Ea accident)	\$ 2,000,000
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							PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB						EACH OCCURRENCE	\$
	EXCESS LIAB						AGGREGATE	\$
	DED							\$
	RETENTION \$							\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WC 013778873 (AOS)	11/01/2017	11/01/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

<b>CERTIFICATE HOLDER</b>  State of Colorado Attn: Amy Risley 1525 Sherman Street, 3rd Floor Denver, CO 80203	<b>CANCELLATION</b>  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 of Marsh USA Inc.  Manashi Mukherjee <i>Manashi Mukherjee</i>
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 EMPLOYERS LIABILITY DISEASE-EACH EMPLOYEE: \$2,000,000

CARRIER: NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA  
 POLICY NUMBER: XWC 4595560 (IL,OH) / (EXCESS WORKERS COMP)  
 POLICY TERM: 11/01/2017 - 11/01/2018  
 POLICY SIR VALUE: \$1,000,000  
 WORKERS COMPENSATION: STATUTORY LIMIT  
 EMPLOYERS LIABILITY EACH ACCIDENT: \$2,000,000  
 EMPLOYERS LIABILITY DISEASE-POLICY LIMIT: \$2,000,000  
 EMPLOYERS LIABILITY DISEASE-EACH EMPLOYEE: \$2,000,000