



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/01/2016

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> 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>INSURED</b> Office Depot, Inc. & its Subsidiaries including OfficeMax Incorporated 6600 North Military Trail Boca Raton, FL 33496	<table border="1"> <thead> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td><b>INSURER A :</b> National Union Fire Insurance Company Of Pittsburgh,</td> <td></td> <td>19445</td> </tr> <tr> <td><b>INSURER B :</b> N/A</td> <td></td> <td>N/A</td> </tr> <tr> <td><b>INSURER C :</b> New Hampshire Insurance Company</td> <td></td> <td>23841</td> </tr> <tr> <td><b>INSURER D :</b> American Home Assurance Company</td> <td></td> <td>19380</td> </tr> <tr> <td><b>INSURER E :</b> Illinois National Insurance Company</td> <td></td> <td>23817</td> </tr> <tr> <td><b>INSURER F :</b></td> <td></td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE		NAIC #	<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>		
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**COVERAGES**                      **CERTIFICATE NUMBER:** CHI-005565455-13                      **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	X	COMMERCIAL GENERAL LIABILITY			GL 5196540	11/01/2016	11/01/2017	EACH OCCURRENCE	\$ 1,000,000
		<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
	X	SELF-INSURED RETENTION						MED EXP (Any one person)	\$
		(SIR) \$1,000,000						PERSONAL & ADV INJURY	\$ 2,000,000
		GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 15,000,000
	X	POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000
		OTHER:						\$	
A		<b>AUTOMOBILE LIABILITY</b>			CA 2936049 (AOS)	11/01/2016	11/01/2017	COMBINED SINGLE LIMIT (Ea accident)	\$ 2,000,000
A	X	ANY AUTO			CA 2936048 (VA)	11/01/2016	11/01/2017	BODILY INJURY (Per person)	\$
		ALL OWNED AUTOS		<input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	CA 2936047 (MA)	11/01/2016	11/01/2017	BODILY INJURY (Per accident)	\$
		HIRED AUTOS						PROPERTY DAMAGE (Per accident)	\$
								\$	
		<b>UMBRELLA LIAB</b>						EACH OCCURRENCE	\$
		<input type="checkbox"/> OCCUR						AGGREGATE	\$
		<b>EXCESS LIAB</b>						\$	
		<input type="checkbox"/> CLAIMS-MADE							
		DED							
		RETENTION \$							
C		<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>			WC 14649448 (AOS)	11/01/2016	11/01/2017	X PER STATUTE	
D		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N	N/A	WC 14649445 (CA)	11/01/2016	11/01/2017	E.L. EACH ACCIDENT	\$ 2,000,000
E		If yes, describe under DESCRIPTION OF OPERATIONS below			WC 14649446 (FL)	11/01/2016	11/01/2017	E.L. DISEASE - EA EMPLOYEE	\$ 2,000,000
C					WC 14649447 (ME)	11/01/2016	11/01/2017	E.L. DISEASE - POLICY LIMIT	\$ 2,000,000
C		WORKERS COMPENSATION CONT. (CONTINUED ON ATTACHED)			WC 14649449 (MA,WI,ND,OH,WA,WY)	11/01/2016	11/01/2017	LIMITS SAME AS ABOVE	

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

## CERTIFICATE HOLDER

State of Colorado  
 Attn: Amy Risley  
 1525 Sherman Street, 3rd Floor  
 Denver, CO 80203

## 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  
 of Marsh USA Inc.

Manashi Mukherjee

*Manashi Mukherjee*

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**ADDITIONAL REMARKS SCHEDULE**

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

**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 068022304 (AK,AZ,VA,KY,NC,NJ,NH,PA,UT,VT)  
 POLICY TERM: 11/01/2016 - 11/01/2017  
 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 6583118 (IL,OH) / (EXCESS WORKERS COMP.)  
 POLICY TERM: 11/01/2016 - 11/01/2017  
 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