

PRODUCER
AON RISK SERVICES CENTRAL, INC. F/K/A
AON RISK SERVICES OF MISSOURI, INC.
8182 MARYLAND AVENUE
ST. LOUIS, MISSOURI 63105
D/B/A AON RISK SERVICES OF MISSOURI INSURANCE SERVICES
CALIFORNIA LICENSE NUMBER OB20771

Serial #: 1278

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED
SMURFIT-STONE CONTAINER CORPORATION AND
SMURFIT-STONE CONTAINER ENTERPRISES, INC.
SIX CITYPLACE DRIVE
CREVE COEUR, MO 63141
ATTN: RISK MANAGEMENT
PH#: (314) 656-5230 FAX#: (314) 787-6182

COMPANIES AFFORDING COVERAGE	
COMPANY A	ZURICH AMERICAN INSURANCE COMPANY
COMPANY B	AMERICAN ZURICH INSURANCE COMPANY
COMPANY C	AMERICAN GUARANTEE AND LIABILITY INSURANCE COMPANY
COMPANY D	PAGE 1 OF 2

COVERAGES
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.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY	GLO 9303212-06	4/01/2008	4/01/2009	GENERAL AGGREGATE	\$
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS - COMP/OP AGG	\$ 2,500,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				PERSONAL & ADV INJURY	\$
	<input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT				EACH OCCURRENCE	\$ 2,500,000
	<input checked="" type="checkbox"/> BROAD FORM VENDORS				FIRE DAMAGE (Any one fire)	\$
	<input type="checkbox"/> ENDORSEMENT				MED EXP (Any one person)	\$
A	AUTOMOBILE LIABILITY	BAP 9303206-06 (AOS INCLUDING TX)	4/01/2008	4/01/2009	COMBINED SINGLE LIMIT	\$ 3,000,000
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE	\$
<input type="checkbox"/> HIRED AUTOS						
<input type="checkbox"/> NON-OWNED AUTOS						
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY:	
					EACH ACCIDENT	\$
					AGGREGATE	\$
C	EXCESS LIABILITY	AUC 9379664-04	4/01/2008	4/01/2009	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> UMBRELLA FORM				AGGREGATE	\$
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM					\$
B	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY	WC 9303200-06 (AK, CA, CT, FL, IL, KS, KY, MA, MD, MI, MN, MO, MS, NC, NH, NJ, NY, OK, RI, SD, TN, TX, UT) (DALTON PAPER PRODUCTS, INC. - GA) (WCO ENTERPRISES - FL) CONTINUED ON PAGE 2	4/01/2008	4/01/2009	<input checked="" type="checkbox"/> WC STATUTORY LIMITS	<input type="checkbox"/> OTHER
	THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL				EL EACH ACCIDENT	\$ 1,000,000
					EL DISEASE - POLICY LIMIT	\$ 1,000,000
					EL DISEASE - EA EMPLOYEE	\$ 1,000,000
A	OTHER SPECIFIC EXCESS WORKERS' COMPENSATION EMPLOYERS' LIABILITY	SELF-INSURED: EWS 9303204-06 (AL, AR, AZ, CA, CO, FL, GA, IA, IL, IN, LA, MO, MT, OH, OR, PA, SC, VA, WA)	4/01/2008	4/01/2009	EMPLOYERS' LIABILITY EACH ACCIDENT: \$1,000,000 EMPLOYERS' LIABILITY DISEASE EACH EMPLOYEE: \$1,000,000	

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS
ALL LIMITS US \$ DOLLARS. **ONLY TO THE EXTENT THERE IS A WRITTEN CONTRACTUAL REQUIREMENT:** CERTIFICATE HOLDER IS AN ADDITIONAL INSURED PER INSURANCE REQUIREMENTS AND INDEMNIFICATION IN SIGNED AGREEMENT, BUT ONLY FOR THE SOLE NEGLIGENCE OF THE INSURED; AND/OR SUBROGATION RIGHTS ARE WAIVED IN FAVOR OF CERTIFICATE HOLDER. INSURED SELF-INSURES PHYSICAL DAMAGE TO RENTED OR LEASED EQUIPMENT

CERTIFICATE HOLDER
YOUR COMPANY AS IDENTIFIED BY WRITTEN CONTRACT/LEASE AGREEMENT

CANCELLATION
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.
AUTHORIZED REPRESENTATIVE
Aon Risk Services Central, Inc.

PRODUCER AON RISK SERVICES CENTRAL, INC. F/K/A AON RISK SERVICES OF MISSOURI, INC. 8182 MARYLAND AVENUE ST. LOUIS, MISSOURI 63105 D/B/A AON RISK SERVICES OF MISSOURI INSURANCE SERVICES CALIFORNIA LICENSE NUMBER OB20771	Serial #: 1279	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.
COMPANIES AFFORDING COVERAGE		
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	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EACH ACCIDENT \$ AGGREGATE \$
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$ AGGREGATE \$
A	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL	WC 9303201-06 (WI & MONOPOLISTIC) (ND & WV - EL ONLY)	4/01/2008	4/01/2009	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER EL EACH ACCIDENT \$ 1,000,000 EL DISEASE - POLICY LIMIT \$ 1,000,000 EL DISEASE - EA EMPLOYEE \$ 1,000,000
	OTHER				

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CERTIFICATE HOLDER YOUR COMPANY AS IDENTIFIED BY WRITTEN CONTRACT/LEASE AGREEMENT	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.
AUTHORIZED REPRESENTATIVE <p style="text-align: center;"><i>Aon Risk Services Central, Inc.</i></p>	