

CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY) 11/02/2018

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).								
PRODUCER AON Risk Insurance Services West, Inc. PORTIAND OREGON Office 851 SW 6th Avenue Suite 385	CONTACT NAME: PHONE (A/C. No. Ext): (503) 224-9700 E-MAIL ADDRESS: FAX (A/C. No.): (503) 295-092	23						
Portland OR 97204-1309 USA	INSURER(S) AFFORDING COVERAGE	NAIC#						
INSURED	INSURER A: Liberty Insurance Corporation	42404						
RLC Industries Co.	INSURER B:							
3660 Gateway St. Springfield OR 97477 USA	INSURER C:							
	INSURER D:							
	INSURER E:							
	INSURER F:							
COVERAGES CERTIFICATE NUMBER: 57007380162	22 REVISION NUMBER:							
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAY INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION (CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDI	OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO V	WHICH THIS						

EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. Limits shown are as requested

A COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X Loggers Property Damage Liability CENTRAL AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT Loc DAMAGE TO RENTED \$1,000,1 PREMISES (Ea occurrence) \$1,000,1 PREMISES (Ea occurrence) \$1,000,1 PREMISES (Ea occurrence) \$2,000,1 GENERAL AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT Loc OTHER: ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY HIRED AUTOS ONLY HIRED AUTOS ONLY HIRED AUTOS ONLY PROPERTY DAMAGE	INSR LTR		TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
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			DED RETENTION						
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		AN'	PROPRIETOR / PARTNER / EXECUTIVE	N / A					E.L. EACH ACCIDENT
(Mandatory in NH) E.L. DISEASE-EA EMPLOYEE		(Ma	indatory in NH)	N/A					E.L. DISEASE-EA EMPLOYEE
If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE-POLICY LIMIT		If y	es, describe under SCRIPTION OF OPERATIONS below						E.L. DISEASE-POLICY LIMIT
PROCEEDINGS OF FRANCISCO AND	DE65	DID-	ION OF OPERATIONS / CONTIONS / CONTIONS					<u> </u>	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Named Insured is extended to Include: RLC Industries Co., Roseburg Forest Products Co., Scott Timber Co., Roseburg Resources									

Co., Roseburg Forest Products South Limited Partnership,

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE AUTHORIZED REPRESENTATIVE

RLC Industries Co. Roseburg OR 97470 USA

Aon Rish Insurance Services West, Inc.