



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
05/02/2022

**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	<b>CONTACT NAME:</b> Marsh   U.S. Operations <b>PHONE (A/C, No. Ext):</b> 866-966-4664 <b>FAX (A/C, No):</b> 212-948-0770 <b>E-MAIL ADDRESS:</b> Chicago.CertRequest@marsh.com														
<b>INSURER(S) AFFORDING COVERAGE</b>															
<b>INSURED</b> ODP Business Solutions 6600 North Military Trail Boca Raton, FL 33496	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 80%;">INSURER A</th> <th style="width: 20%;">NAIC #</th> </tr> <tr> <td>National Union Fire Insurance Company Of Pittsburgh,</td> <td>19445</td> </tr> <tr> <td>INSURER B : N/A</td> <td>N/A</td> </tr> <tr> <td>INSURER C : Allstate Insurance Company</td> <td>19399</td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER A	NAIC #	National Union Fire Insurance Company Of Pittsburgh,	19445	INSURER B : N/A	N/A	INSURER C : Allstate Insurance Company	19399	INSURER D :		INSURER E :		INSURER F :	
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**COVERAGES**                                      **CERTIFICATE NUMBER:** CHI-010059521-03                                      **REVISION NUMBER:** 14

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  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:			GL 3980253	11/01/2021	11/01/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 0 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 15,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Self Insured Retention \$ 1,000,000
A	<b>AUTOMOBILE LIABILITY</b>			AL 4888750 (AOS)	11/01/2021	11/01/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 5,000,000
A	<input checked="" type="checkbox"/> ANY AUTO			AL 4888749 (VA)	11/01/2021	11/01/2022	BODILY INJURY (Per person) \$
A	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			AL 4888748 (MA)	11/01/2021	11/01/2022	BODILY INJURY (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE \$
							AGGREGATE \$
							\$
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>			WC 065885844 (NY)	11/01/2021	11/01/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
C	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		Y/N	WC 058240031 (AOS)	11/01/2021	11/01/2022	E.L. EACH ACCIDENT \$ 2,000,000
C			N	WC 058240030 (WI)	11/01/2021	11/01/2022	E.L. DISEASE - EA EMPLOYEE \$ 2,000,000
C	If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	WC 058240028 (CA)	11/01/2021	11/01/2022	E.L. DISEASE - POLICY LIMIT \$ 2,000,000
A	EXCESS WORKERS COMPENSATION			XWC 6583197 (IL, OH)	11/01/2021	11/01/2022	LIMIT \$ 2,000,000 SIR \$ 1,000,000

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

**CERTIFICATE HOLDER**

**CANCELLATION**

ODP Business Solutions 6600 North Military Trail Boca Raton, FL 33496	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  <div style="text-align: right;"><i>Marsh USA Inc.</i></div>
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**ADDITIONAL REMARKS SCHEDULE**

<b>AGENCY</b> MARSH USA INC.		<b>NAMED INSURED</b> ODP Business Solutions 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

Kyo-ya Hotels & Resorts LP; Kyo-ya USA, LLC Kyo-ya Kaiulani, LLC; Kokusai Kogyo Kanri Kabushiki Kaisha; Sheraton Hawaii Hotels Corporation; Starwood Hotels & Resorts Management Company, LLC; Starwood Hotels & Resorts Worldwide, LLC. Marriott International Inc., Trustees of the Estate of Bernice Pauahi Bishop, RHC Property Holdings LLC, and each of their affiliates, and their respective successors, assigns, directors, officers, partners, members, shareholders, participants, employees, professionals, and agents and each other person, if any, who either is associated or affiliated with the entities noted above are included as Additional Insured under General and Auto Liability, but only as required by contract or agreement. Coverage is Primary and Non-Contributory, but only as required by contract or agreement. Waiver of subrogation is included in favor of the Certificate holder and Additional Insured, but only as required by contract or agreement.