



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/05/2015

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).

PRODUCER
Aon Risk Services Central, Inc.
Philadelphia PA Office
One Liberty Place
1650 Market Street
Suite 1000
Philadelphia PA 19103 USA

CONTACT NAME:
PHONE (A/C No. Ext): (866) 283-7222 FAX (A/C No.): 800-362-0105
E-MAIL ADDRESS:

RECEIVED
ENVIRONMENTAL PROTECTION
MAR 18 2015
PERMITTING & COMPLIANCE
ASSISTANCE PROGRAM

INSURED
Univar Inc.
3075 Highland Parkway
Suite 200
Downers Grove IL 60515 USA

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: Illinois Union Insurance Company	27960
INSURER B: National Union Fire Ins Co of Pittsburgh	19445
INSURER C: New Hampshire Ins Co	23841
INSURER D: Lexington Insurance Company	19437
INSURER E:	
INSURER F:	

COVERAGES CERTIFICATE NUMBER: 57006895144 REVISION NUMBER:

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. Limits shown are as requested

INSR LTR	TYPE OF INSURANCE	ADJL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER		GL2802979 SIR applies per policy terms & conditions	03/01/2015	06/01/2016	EACH OCCURRENCE \$3,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$300,000 MED EXP (Any one person) Excluded PERSONAL & ADV INJURY \$3,000,000 GENERAL AGGREGATE \$3,000,000 PRODUCTS - COMP/OP AGG \$3,000,000
B	AUTOMOBILE LIABILITY		CA 4806893 Commercial Auto (AOS)	03/01/2015	06/01/2016	COMBINED SINGLE LIMIT (Fa accident) \$5,000,000
B	<input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		CA 4806894 Commercial Auto (MA) CA 4806895 Commercial Auto (VA)	03/01/2015	06/01/2016	BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> RETENTION		XCEG27380566002 SIR applies per policy terms & conditions	03/01/2015	06/01/2016	EACH OCCURRENCE \$4,000,000 AGGREGATE \$4,000,000
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N	WC001591220 (AOS)	03/01/2015	03/01/2016	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER
C	ANY PROPRIETOR / PARTNER / EXECUTIVE OR CLAIMS/EMER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	WC001591223 (MA, NH, WI, WY)	03/01/2015	03/01/2016	E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE (EA EMPLOYEE) \$1,000,000 E.L. DISEASE POLICY LIMIT \$1,000,000
D	Pol Legal Liab		PLS6292901	03/01/2015	06/01/2016	Aggregate \$15,000,000 Agg Ded \$500,000 Occurrence \$15,000,000

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

CERTIFICATE HOLDER

CANCELLATION

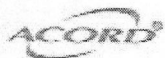
Univar USA Inc.
and All Subsidiaries and Affiliates
17425 NE Union Hill Road
Redmond WA 98052-3375 USA

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
Aon Risk Services Central, Inc.

Holder Identifier :

Certificate No : 57006895144



ADDITIONAL REMARKS SCHEDULE

AGENCY Aon Risk Services Central, Inc.		NAMED INSURED Univar Inc.	
POLICY NUMBER See Certificate Number: 570056995144			
CARRIER See Certificate Number: 570056995144	NAIC CODE	EFFECTIVE DATE:	

ADDITIONAL REMARKS

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

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER	
INSURER	
INSURER	
INSURER	

ADDITIONAL POLICIES If a policy below does not include limit information, refer to the corresponding policy on the ACORD certificate form for policy limits.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
	AUTOMOBILE LIABILITY						
B				CA 4806890 Truckers Liability (AGS)	03/01/2015	06/01/2016	Combined Single Limi \$5,000,000
B				CA 4806891 Truckers Liability (MA)	03/01/2015	06/01/2016	
B				CA 4806892 Truckers Liability (VA)	03/01/2015	06/01/2016	
	WORKERS COMPENSATION						
B		N/A		WC1591222 (CA, HI, OR, WA) SIR applies per policy terms & conditions	03/01/2015	03/01/2016	
C		N/A		WC001591221 (FL)	03/01/2015	03/01/2016	
C		N/A		WC012948466 (IL, KY, NC, NH, UT)	03/01/2015	03/01/2016	
C		N/A		WC012948467 (AK, AZ, GA)	03/01/2015	03/01/2016	
C		N/A		WC012948468 (NJ, PA)	03/01/2015	03/01/2016	
	OTHER						
D	Poll Legal Liab			PLS6292901	03/01/2015	06/01/2016	occ Ded \$500,000