

# ACORD. CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)

04/16/92

PRODUCER

JOHNSON & HIGGINS  
125 BROAD STREET  
NEW YORK, NEW YORK 10004

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

INSURE Philip Morris Companies Inc. & its Subsidiary Co.s including Capri Sun, Inc. a division of Philip Morris Companies, Inc. 120 Park Avenue New York, New York 10017

COMPANIES AFFORDING COVERAGE	
COMPANY LETTER A	Hartford Fire Ins. Co.
COMPANY LETTER B	Hartford Accident & Indemnity Co.
COMPANY LETTER C	Twin City Fire Ins. Co.
COMPANY LETTER D	Hartford Underwriters Ins. Co.
COMPANY LETTER E	

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 X	GENERAL LIABILITY	10JSEC35120E	5/1/92	5/1/93	GENERAL AGGREGATE \$ 1,000,000
A X	COMMERCIAL GENERAL LIABILITY				PRODUCTS-COMP/OP AGG. \$ 1,000,000
A X	CLAIMS MADE X OCCUR.	10CSEC35121E			PERSONAL & ADV. INJURY \$ 1,000,000
	OWNER'S & CONTRACTOR'S PROT.				EACH OCCURRENCE \$ 1,000,000
					FIRE DAMAGE (Any one fire) \$ 1,000,000
					MED. EXPENSE (Any one person) \$ 10,000
A X	AUTOMOBILE LIABILITY	10CSEC35119E	5/1/92	5/1/93	COMBINED SINGLE LIMIT \$ 1,000,000
B X	ANY AUTO	10CSEC35116E (MA)			BODILY INJURY (\$ Per person)
C X	ALL OWNED AUTOS	10CSEC35117E (NJ)			BODILY INJURY (\$ Per accident)
X	SCHEDULED AUTOS				PROPERTY DAMAGE \$
X	Hired Autos				
X	NON-OWNED AUTOS				
X	GARAGE LIABILITY				
	EXCESS LIABILITY				EACH OCCURRENCE \$
	UMBRELLA FORM				AGGREGATE \$
	OTHER THAN UMBRELLA FORM				
C	WORKER'S COMPENSATION	10WBRP28119E	5/1/92	5/1/93	STATUTORY LIMITS
D	AND	10WLC35132E (LA)			EACH ACCIDENT \$ 500,000
D	EMPLOYERS' LIABILITY	10WLC35131E			DISEASE-POLICY LIMIT \$ 500,000
					DISEASE-EACH EMPLOYEE \$ 500,000
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

2063196195

CERTIFICATE HOLDER

Thweatt & Heldman Brokerage  
P. O. Box 11520  
Nashville, TN 37211

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

ACORD CORPORATION 1980