

# MEMORANDUM OF INSURANCE

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PRODUCER	INSURERS AFFORDING COVERAGE		
Marsh USA, LLC 111 SW Columbia Ste. 500 Portland, OR 97201			
INSURED	Insurer	A	Federal Insurance Company
Rayonier Inc., its subsidiaries and subsidiaries thereof 1 Rayonier Way Wildlight, FL 32097	Insurer	B	Banker Standard Insurance Company

## COVERAGES

THIS IS TO EVIDENCE THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED BELOW IS SUBJECT TO ALL THE TERMS, CONDITIONS AND EXCLUSIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	LIMITS	
A	<b>General Liability</b> <input checked="" type="checkbox"/> Commercial General Liability <input type="checkbox"/> Claims Made <input checked="" type="checkbox"/> Occur  <b>Gen'l Aggregate Limit Applies</b> <input checked="" type="checkbox"/> Policy <input type="checkbox"/> Project <input type="checkbox"/> Loc	36048082	07/01/2025	07/01/2026	Each Occurrence	\$ 1,000,000
					Damage to Rented	\$ 1,000,000
					Personal & Ady Injury	\$ 1,000,000
					General Aggregate	\$ 2,000,000
					Products – Comp/Op.	\$ 2,000,000
A	<b>Automobile Liability</b> <input checked="" type="checkbox"/> Any Auto <input checked="" type="checkbox"/> All Owned Autos <input checked="" type="checkbox"/> Hired Autos <input checked="" type="checkbox"/> Non-Owned Autos	73615972	07/01/2025	07/01/2026	Combined Single Limit	\$ 1,000,000
B	<b>Workers Compensation and Employers Liability</b>	71750297	07/01/2025	07/01/2026	Workers' Compensation	Statutory Limits
					E.L. Each Accident	\$ 1,000,000
					E.L. Disease – Each Employee	\$ 1,000,000
					E.L. Disease – Policy Limit	\$ 1,000,000
A	<b>Umbrella Liability</b>	79894598	07/01/2025	07/01/2026	Each Occurrence	\$ 10,000,000
					Aggregate Limit	\$ 10,000,000



## ADDITIONAL INFORMATION / SPECIAL ITEMS

### COMMERCIAL GENERAL LIABILITY:

**ADDITIONAL INSURED – PERSON OR ORGANIZATION 80-02-2367**

Persons or organizations that you are obligated to add as additional insureds, pursuant to a contract or agreement to provide with such insurance as is afforded by this policy.

**WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS 80-02-2000****LOGGERS BROAD FORM PROPERTY DAMAGE 80-02-2315****NON-CONTRIBUTORY ENDORSEMENT FOR ADDITIONAL INSUREDS 80-02-2367**

### AUTOMOBILE LIABILITY:

**ADDITIONAL INSURED – DESIGNATED PERSONS OR ORGANIZATIONS CA 20 48**

Persons or organizations that you are obligated, pursuant to a contract or agreement between you and such person or organization, to provide with such insurance as is afforded by this policy.

**WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS CA 04 44****POLLUTION LIABILITY – BROADENED COVERAGE FOR COVERED AUTOS – BUSINESS AUTO AND MOTOR CARRIER COVERAGE FORMS CA 9948 1013****NON CONTRIBUTORY ENDORSEMENT FOR ADDITIONAL INSUREDS 16-02-0316**

Persons or organizations that you are obligated, pursuant to a contract or agreement between you and such person or organization, to provide primary and non-contributory insurance.

### WORKERS COMPENSATION / EMPLOYERS LIABILITY:

**WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS – WC 42 03 04 B (Texas) / WC 00 03 13 (Other States)**

### NOTICE OF CANCELLATION:

When we cancel this policy for any reason, other than non-payment of premium, we will notify person(s) or organization(s) shown in the Schedule at least 30 days in advance of the cancellation date. Any failure by us to notify such person(s) or organization(s) will not impose any liability or obligation of any kind upon us or invalidate such cancellation.

