

INSURANCE CERTIFICATE REQUIREMENTS

- 1. <u>General Liability</u> including Products/Completed Operations including bodily injury/accidental death, and property damage including contractual liability
 - \$1,000,000 Per Occurrence/\$2,000,000 Aggregate
 - \$2,000,000 Products -Completed Operations Aggregate
 - \$1,000,000 Personal and Advertising Injury
- 2. Auto Liability
 - \$1,000,000 Combined Single Limit
- 3. Worker's Compensation & Employer's Liability
 - Coverage A: Statutory
 - Coverage B: \$500,000 Each Accident/\$500,000 Disease Each Employee/\$500,000 Disease Policy Limit
- 4. Umbrella
 - \$5,000,000 Each Occurrence/Aggregate

In addition, the following should be included:

- A Waiver of Subrogation applies to all coverages
- Primary and Noncontributory Wording as follows:
 "All coverage shall be Primary and Noncontributory to any other insurance available to Snap-on Incorporated, on behalf of itself and its subsidiaries.
- Additional Insured for GL, Auto and Umbrella with the wording as follows:
 "Snap-on Incorporated, On Behalf of Itself, Its Subsidiaries, and Their Distribution Associates are named as additional insureds."
- All insurance carriers must be AM Best's rated of A- VII of higher
- o Certificate to show 30 days cancellation/non-renewal notice

For any questions regarding the insurance requirements on the Certificate, you or your insurance agent or company should call:

Karen Parmentier - Corporate Risk Manager (262) 656-4943 Janet Milton – Claims Director (262) 656-5593

PLEASE FORWARD NEW CERTIFICATE TO:

Snap-on Incorporated Attn: SOT Product Management Support PO Box 1410 Kenosha, WI 53141-1410 sotproductmgmtsupport@snapon.com

DATE	(MM/DD/YYYY)

CERTIFICATE OF LIABILITY INSURANCE

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	CONTACT NAME:			
	PHONE (A/C, No, Ext):	FAX (A/C, No):		
(Name of Agent or Broker)	E-MAIL ADDRESS:			
	INSURER(S) AFFORDING COVERAGE	NAIC#		
	INSURER A: Insurance Company Name			
INSURED	INSURER B: Insurance Company Name			
	INSURER C: Insurance Company Name			
(Name of your company as it appears on your	INSURER D: Insurance Company Name			
Supplier Purchase Agreement)	INSURER E:			
,	INSURER F:			

COVERAGES CERTIFICATE NUMBER:

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.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
	GENERAL LIABILITY	X	X	Policy Number			EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
	CLAIMS-MADE X OCCUR						MED EXP (Any one person)	\$
A							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	\$2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$2,000,000
	X POLICY PRO-							\$
	AUTOMOBILE LIABILITY	X	X	Policy Number			COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	ANY AUTO						BODILY INJURY (Per person)	\$
B	ALL OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	HIRED AUTOS NON-OWNED AUTOS				9		PROPERTY DAMAGE (Per accident)	\$
				4				\$
С	X UMBRELLA LIAB X OCCUR	X	X	Policy Number			EACH OCCURRENCE	\$5,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$
	DED RETENTION \$							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N	N/A	X	X Policy Number			X WC STATU- TORY LIMITS OTH- ER	
_	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?						E.L. EACH ACCIDENT	\$500,000
D	(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$500,000

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

Snap-on Incorporated, On Behalf of Itself, Its Subsidiaries, and Their Distribution Associates are named as additional insured. All coverage is Primary and Noncontributory to any other insurance available to Snap-on Incorporated on behalf of itself and subsidiaries.

CERTIFICATE HOLDER	CANCELLATION			
Snap-on Incorporated Attn: SOT Product Management Support PO Box 1410	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.			
Kenosha, WI 53141-1410 sotproductmgmtsupport@snapon.com	AUTHORIZED REPRESENTATIVE			