



INSURANCE CERTIFICATE REQUIREMENTS

1. General Liability 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 (only need Auto if coming onto Snap-on premises)
 - \$1,000,000 Combined Single Limit
3. Worker's Compensation & Employer's Liability (only need Work Comp/ EL if coming onto Snap-on premises or performing outside contract services)
 - 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 (**Necessary for Motorized or Other Special Products**)

- A Waiver of Subrogation applies to all coverages
- 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.”

-OR-

A vendor's endorsement must be attached to the certificate and must show the following:

“Snap-on Incorporated, On Behalf of Itself, Its Subsidiaries, and Their Distribution Associates are named as additional insureds.”

****YOUR PRODUCT LIABILITY INSURANCE CERTIFICATE WILL NOT BE ACCEPTED WITHOUT THIS EXACT VERBIAGE****

“Distribution Associates” are our employees and franchisees that sell and distribute your product. They must be covered along with Snap-on Incorporated, in accordance with the vendor's coverage and Purchase Agreement against any lawsuits arising out of the sale of your product.

- All insurance carriers must be AM Best's rated of A- VII of higher
- 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 - Litigation & Claims Supervisor (262) 656-5593

PLEASE FORWARD NEW CERTIFICATE TO:

Snap-on Incorporated
Attn: Anna Savaglio
PO Box 1410
Kenosha, WI 53141-1410
Phone: (262) 656-4669
anna.l.savaglio@snapon.com

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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).

<p>PRODUCER</p> <p style="font-size: 1.2em; text-align: center;">(Name of Agent or Broker)</p>	<p>CONTACT NAME:</p> <p>PHONE (A/C, No, Ext): _____ FAX (A/C, No): _____</p> <p>E-MAIL ADDRESS: _____</p> <p style="text-align: center;">INSURER(S) AFFORDING COVERAGE</p> <p>INSURER A : Insurance Company Name</p> <p>INSURER B : Insurance Company Name</p> <p>INSURER C : Insurance Company Name</p> <p>INSURER D : Insurance Company Name</p> <p>INSURER E :</p> <p>INSURER F :</p>
<p>INSURED</p> <p style="font-size: 1.2em; text-align: center;">(Name of your company as it appears on your Supplier Purchase Agreement)</p>	

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)	LIMITS
A	GENERAL LIABILITY	X	X	Policy Number			EACH OCCURRENCE \$1,000,000
	<input checked="checked" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
	<input type="checkbox"/> CLAIMS-MADE <input checked="checked" type="checkbox"/> OCCUR						MED EXP (Any one person) \$
	<input checked="checked" type="checkbox"/>						PERSONAL & ADV INJURY \$1,000,000
	<input type="checkbox"/>						GENERAL AGGREGATE \$2,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:							
	<input type="checkbox"/> POLICY	<input type="checkbox"/> PROJ	<input type="checkbox"/> LOC				\$
B	AUTOMOBILE LIABILITY	X	X	Policy Number (APPLICABLE IF ON SNAP-ON PREMISES)			COMBINED SINGLE LIMIT (Ea accident) \$1,000,000
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS						PROPERTY DAMAGE (Per accident) \$
							SCHEDULED AUTOS NON-OWNED AUTOS
C	<input checked="checked" type="checkbox"/> UMBRELLA LIAB	X	X	Policy Number (APPLICABLE FOR MOTORIZED OR OTHER SPECIAL PRODUCTS)			EACH OCCURRENCE \$5,000,000
	<input type="checkbox"/> EXCESS LIAB						AGGREGATE \$
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						\$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		X	Policy Number (APPLICABLE IF ON SNAP-ON PREMISES OR PERFORMING OUTSIDE CONTRACT SERVICES)			<input checked="checked" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N					E.L. EACH ACCIDENT \$500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					E.L. DISEASE - EA EMPLOYEE \$500,000
							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.

<p>CERTIFICATE HOLDER</p> <p>Snap-on Incorporated Attn: Anna Savaglio PO Box 1410 Kenosha, WI 53141-1410 anna.l.savaglio@snapon.com</p>	<p>CANCELLATION</p> <p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <hr/> <p>AUTHORIZED REPRESENTATIVE</p> <p style="font-size: 1.5em; text-align: center;">Need signature</p>
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