



Outside Vendor/Merchandise/EQS INSURANCE CERTIFICATE REQUIREMENTS

1. Not less than \$1,000,000 per accident or occurrence for personal injury, death, and property damage with combined limits.
2. Snap-on Incorporated must be named on the insurance certificate 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 dealers that sell and distribute your product. They must be covered along with Snap-on Tools, in accordance with the vendors coverage and Purchase Agreement against any lawsuits arising out of the sale of your product.

3. **"Occurrence Based Policy"** must be noted on the certificate.
4. **"Contractual Liability"** must be noted on the certificate.
5. General Liability must include Products/Completed operations hazards and be so indicated on the certificate.

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

Mike Schmidkofer	- Corporate Claims Mgr	(262) 656-4811
Karen Parmentier	- Senior Risk Analyst	(262) 656-4943

PLEASE FORWARD NEW CERTIFICATE TO:

Jane Victoria,
Snap-on Incorporated
P O Box 1410
Kenosha, WI 53141-1410
Phone (262) 656-4669
Fax (262) 656-4630

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)

PRODUCER

(Name of Agent or Broker)

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

INSURERS AFFORDING COVERAGE

INSURED

(Name of your company as it appears on your Supplier Purchase Agreement)

INSURER A: Insurance Company Name

INSURER B: Insurance Company Name

INSURER C:

INSURER D:

INSURER E:

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS (Minimum)	
A	GENERAL LIABILITY				EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any one fire)	\$
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$
	<input checked="" type="checkbox"/> Contractual				PERSONAL & ADV INJURY	\$
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				GENERAL AGGREGATE	\$ 1,000,000
					PRODUCTS - COMP/OP AGG	\$ 1,000,000
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS					
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY: EA ACC	\$
					AGG	\$
B	EXCESS LIABILITY				EACH OCCURRENCE	\$
	<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$
	<input type="checkbox"/> DEDUCTIBLE					\$
	<input type="checkbox"/> RETENTION \$					\$
						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATU-TORY LIMITS	OTH-ER
					E.L. EACH ACCIDENT	\$
					E.L. DISEASE - EA EMPLOYEE	\$
					E.L. DISEASE - POLICY LIMIT	\$
	OTHER					

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

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

CERTIFICATE HOLDER

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ADDITIONAL INSURED; INSURER LETTER:

CANCELLATION

Snap-on Incorporated
Attn: Jane Victoria
PO BOX 1410
Kenosha, WI 53141-1410
Phone: (262) 656-4669
Fax Number: (262) 656-4630

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL **30** DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE