



Raw Materials and Machine Shop INSURANCE CERTIFICATE REQUIREMENTS

1. Not less than \$500,000 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. 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:

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

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: Insurance Company Name

INSURER D: Insurance Company Name

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 ☒ COMMERCIAL GENERAL LIABILITY CLAIMS MADE ☒ OCCUR ☒ Contractual GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PROJECT ☐ LOC				EACH OCCURRENCE	\$ 500,000
					FIRE DAMAGE (Any one fire)	\$
					MED EXP (Any one person)	\$
					PERSONAL & ADV INJURY	\$
					GENERAL AGGREGATE	\$ 500,000
					PRODUCTS - COMP/OP AGG	\$ 500,000
B	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ ALL OWNED AUTOS ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ☐ NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident)	\$ 500,000
					BODILY INJURY (Per person)	\$
					BODILY INJURY (Per accident)	\$
					PROPERTY DAMAGE (Per accident)	\$
	GARAGE LIABILITY ☐ ANY AUTO				AUTO ONLY - EA ACCIDENT	\$
					OTHER THAN AUTO ONLY: EA ACC	\$
					AGG	\$
C	EXCESS LIABILITY ☒ OCCUR ☐ CLAIMS MADE ☐ DEDUCTIBLE RETENTION \$	Optional coverage - necessary if General Liability limit is less than \$500,000. Total General Liability and Excess Liability must be at least \$500,000.			EACH OCCURRENCE	\$
					AGGREGATE	\$
						\$
						\$
						\$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				☒ WC STATUTORY LIMITS ☐ OTHER	
					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

☒

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