3000 Lakeview Ave.  St. Joseph, MI 49085

Dear LECO Supplier:

As a condition of doing business with our company, you are required to provide us with satisfactory evidence of insurance. Our minimum insurance requirements are outlined on the following pages.

Please direct your insurance agent or insurance company to send us a certificate of insurance as directed in our insurance requirements including all necessary attachments.

This is a common practice in the insurance industry and the information is usually supplied on a standard ACORD Certificate of Liability Insurance form (see attached).

Please send your insurance certificate to LECO by email to COI@LECO.COM or mail to:

LECO Corporation
3000 Lakeview Avenue
St. Joseph, MI 49085
Attn: Purchasing Department

Thank you for your prompt attention to this request.

Sincerely,

Tiffaney Ackerman
Purchasing Manager

# MINIMUM INSURANCE REQUIREMENTS

**CERTIFICATE HOLDER:** **LECO CORPORATION**
**Attn: Purchasing Department**
**3000 Lakeview Avenue**
**St. Joseph, Michigan 49085**

## COMMERCIAL GENERAL LIABILITY (OCCURRENCE FORM)

| | |
|---|---|
| Each Occurrence | $1,000,000 |
| Damage to Rented Premises | $300,000 |
| Med Exp (any one person) | $10,000 |
| Personal and Advertising Injury Liability | $1,000,000 |
| General Aggregate (other than Prod/Comp Ops Liability) | $2,000,000 |
| Products/Completed Operations Aggregate | $2,000,000 |

## AUTOMOBILE LIABILITY

| | |
|---|---|
| Any Auto | $1,000,000 |

## UMBRELLA LIABILITY

| | |
|---|---|
| Each Occurrence and Aggregate | $5,000,000 |

IF EVIDENCED TO MEET THE MINIMUM POLICY LIMITS, THE ADDITIONAL INSURED AND WAIVER OF SUBROGATION REQUIREMENTS WILL ALSO APPLY TO THE UMBRELLA POLICY.

## WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY

| | |
|---|---|
| Workers' Compensation | State STATUTORY Limit |
| Employer's Liability | |
| Bodily Injury by Accident | $500,000 Each Accident |
| Bodily Injury by Disease | $500,000 Policy Limit |
| Bodily Injury by Disease | $500,000 Each Employee |

**LECO CORPORATION MUST BE LISTED AS ADDITIONAL INSURED ON YOUR COMMERCIAL GENERAL LIABILITY AND AUTOMOBILE LIABILITY POLICIES. THE PROPER ENDORSEMENTS MUST BE INCLUDED ALONG WITH THE CERTIFICATE.**

FOR SERVICE PROVIDERS (WORKING ON LECO PROPERTY): IN ADDITION TO THE ABOVE, LECO CORPORATION MUST BE LISTED AS ADDITIONAL INSURED ON WORKER'S COMPENSATION POLICY AND A WAIVER OF SUBROGATION IN FAVOR OF LECO CORPORATION MUST BE EVIDENCED ON ALL POLICIES WITH THE PROPER ENDORSEMENTS INCLUDED.

## ALL POLICY REQUIREMENTS

All insurance policies shall provide a 30-day notice of cancellation or non-renewal, and must be primary before any other valid insurance. All policies must be written by insurance carriers rated A- ; VII or better per A.M. Best's ratings. Coverages and limits stated above are minimum requirements and in no way limits the liability of the vendor or service provider.

## SPECIAL INSURANCE REQUIRMENTS

BUILDING CONTRACTORS, ENVIRONMENTAL CONSULTANTS, AND OTHER PROFESSIONAL SERVICES/CONSULTANTS may be required to provide additional applicable insurance policies. These requirements are normally specified in a formal written contract with LECO Corporation.

# 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 have ADDITIONAL INSURED provisions or 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: | |
|---|---|---|
| **Your Agent information** | PHONE (A/C, NO, Ext): | FAX |
| | EMAIL ADDRESS: | (A/C, NO): |
| | INSURER(S) AFFORDING COVERAGE | NAIC # |
| | INSURER A: | |
| INSURED | INSURER B: | |
| | INSURER C: | |
| **Vendor information** | INSURER D: | |
| | 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 INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | |
|---|---|---|---|---|---|---|---|---|
| A | X COMMERCIAL GENERAL LIABILITY<br>CLAIMS-MADE [X] OCCUR<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br>X POLICY [X] PRO-JECT [ ] LOC<br>OTHER: | X | | Policy # | 0/0/0000 | 0/0/0000 | EACH OCCURRENCE<br>DAMAGE TO RENTED PREMISES (Ea occurrence)<br>MED EXP (Any one person)<br>PERSONAL & ADV INJURY<br>GENERAL AGGREGATE<br>PRODUCTS - COMP/OP AGG | $ 1,000,000<br>$ 300,000<br>$ 10,000<br>$ 1,000,000<br>$ 2,000,000<br>$ 2,000,000 |
| A | AUTOMOBILE LIABILITY<br>X ANY AUTO<br>OWNED AUTOS ONLY [ ] SCHEDULED AUTOS<br>HIRED AUTOS ONLY [ ] NON-OWNED AUTOS ONLY | X | | Policy # | 0/0/0000 | 0/0/0000 | COMBINED SINGLE LIMIT (Ea accident)<br>BODILY INJURY (Per person)<br>BODILY INJURY (Per accident)<br>PROPERTY DAMAGE (Per accident) | $ 1,000,000<br>$<br>$<br>$ |
| A | X UMBRELLA LIAB [X] OCCUR<br>EXCESS LIAB [ ] CLAIMS-MADE<br>DED X RETENTION $ 10,000 | X | | Policy # | 0/0/0000 | 0/0/0000 | EACH OCCURRENCE<br>AGGREGATE | $ 5,000,000<br>$ 5,000,000 |
| B | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N<br>(Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below | N/A | | Policy # | 0/0/0000 | 0/0/0000 | X PER STATUTE [ ] OTH-ER<br>E.L. EACH ACCIDENT<br>E.L. DISEASE - EA EMPLOYEE<br>E.L. DISEASE - POLICY LIMIT | $ 5,000,00<br>$ 5,000,00<br>$ 5,000,00 |

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**

Leco Corporation is recognized as additional insured in regards to the general liability, auto liability and the umbrella liability.

**CERTIFICATE HOLDER**

**LECO Corporation**
**Attn: Purchasing Department**
**3000 Lakeview Ave**
**St. Joseph, MI 49085**

**CANCELLATION**

**SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.**

**AUTHORIZED REPRESENTATIVE**
**Agent Signature**

ACORD 25 (2016/03)