

# ACORD™ CERTIFICATE OF LIABILITY INSURANCE

7/1/2010

DATE (MM/DD/YYYY)

7/6/2009

**PRODUCER** Lockton Companies, LLC-1 Kansas City  
444 W. 47th Street, Suite 900  
Kansas City MO 64112-1906  
(816) 960-9000

**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**

**NAIC #**

**INSURED** COOPER INDUSTRIES  
1304704 AND DIVISIONS AND SUBSIDIARIES  
(SEE ADDITIONAL INFORMATION)  
PO BOX 4446  
HOUSTON TX 77210

INSURER A: AIG EUROPE (UK LIMITED)

INSURER B: National Union Fire Ins Co Pittsburgh PA

19445

INSURER C: Insurance Company of the State of PA

19429

INSURER D:

INSURER E:

**COVERAGES** COOIN01 WC

THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER AND THE CERTIFICATE HOLDER.

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	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A C		<b>GENERAL LIABILITY</b>				EACH OCCURRENCE	\$ 1,000,000
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	PLB003747 (UK)	7/1/2009	7/1/2010	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ XXXXXXXX
		<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	800269198 (MASTER)	7/1/2009	7/1/2010	MED EXP (Any one person)	\$ XXXXXXXX
		<input checked="" type="checkbox"/> PUBLIC/PRODUCT LIAB				PERSONAL & ADV INJURY	\$ XXXXXXXX
		<input checked="" type="checkbox"/> PURE FINANCIAL LOSS				GENERAL AGGREGATE	\$ 1,000,000
		GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMP/OP AGG	\$ XXXXXXXX
		<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					
A		<b>AUTOMOBILE LIABILITY</b>				COMBINED SINGLE LIMIT (Ea accident)	\$ XXXXXXXX
		<input type="checkbox"/> ANY AUTO	MB003749	7/1/2009	7/1/2010	BODILY INJURY (Per person)	\$ Unlimited
		<input checked="" type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$ XXXXXXXX
		<input checked="" type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$ 1,000,000
		<input checked="" type="checkbox"/> HIRED AUTOS					
		<input checked="" type="checkbox"/> NON-OWNED AUTOS					
		<b>GARAGE LIABILITY</b>				AUTO ONLY - EA ACCIDENT	\$ XXXXXXXX
		<input type="checkbox"/> ANY AUTO	NOT APPLICABLE			OTHER THAN AUTO ONLY: EA ACC	\$ XXXXXXXX
						AGG	\$ XXXXXXXX
B		<b>EXCESS/UMBRELLA LIABILITY</b>				EACH OCCURRENCE	\$ 10,000,000
		<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE	27471333	7/1/2009	7/1/2010	AGGREGATE	\$ 10,000,000
		<input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> UMBRELLA FORM					\$ XXXXXXXX
		<input type="checkbox"/> RETENTION \$					\$ XXXXXXXX
							\$ XXXXXXXX
		<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>	NOT APPLICABLE			WC STATU-TORY LIMITS	OTH-ER
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				E.L. EACH ACCIDENT	\$ XXXXXXXX
						E.L. DISEASE - EA EMPLOYEE	\$ XXXXXXXX
						E.L. DISEASE - POLICY LIMIT	\$ XXXXXXXX
A		<b>OTHER EMPLOYERS LIABILITY</b>	ELB003748	7/1/2009	7/1/2010	ANY ONE EVENT £10M GBP, RESTRICTED TO £5M GBP FOR OFFSHORE WORK	

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

**CERTIFICATE HOLDER**

3704603  
FOR INFORMATIONAL PURPOSES ONLY

**CANCELLATION** [M447109]

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



**Cooper Industries, LTD  
U.K. Operating Subsidiaries  
as of JULY 1, 2009**

Cooper Industries (UK) Limited	Cooper B-Line Limited
	Cooper Bussman (U.K.), Ltd
	Cooper Crouse - Hinds (U.K.) Limited
	The MTL Instruments Group plc
	Cooper MEDC Limited
	Cooper Safety Limited
	Cooper Security Limited
	Cooper Lighting and Safety Limited
	Fulleon Limited
Cooper (Great Britain) Ltd.	
Cooper Controls (U.K.) Limited	Cooper Controls Ltd.