

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.												
INSURED COOPER INDUSTRIES 1304431 AND DIVISIONS AND SUBSIDIARIES (SEE ADDITIONAL INFORMATION) PO BOX 4446 HOUSTON TX 77210	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">INSURERS AFFORDING COVERAGE</td> <td style="width: 20%;">NAIC #</td> </tr> <tr> <td>INSURER A: ACE American Insurance Company</td> <td>22667</td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> </table>	INSURERS AFFORDING COVERAGE	NAIC #	INSURER A: ACE American Insurance Company	22667	INSURER B:		INSURER C:		INSURER D:		INSURER E:	
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COVERAGES COOIN01 WC

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	ADD'L LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A		<input checked="" type="checkbox"/> GENERAL LIABILITY	XSLG24 933143 LIMITS XS OF \$1,000,000 SIR	7/1/2009	7/1/2010	EACH OCCURRENCE \$ 4,000,000
A		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 4,000,000
		<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$ XXXXXXXX
		<input checked="" type="checkbox"/> BROAD FORM VENDORS				PERSONAL & ADV INJURY \$ 4,000,000
		<input checked="" type="checkbox"/> CONTRACTUAL LIAB.				GENERAL AGGREGATE \$ 4,000,000
		GEN'L AGGREGATE LIMIT APPLIES PER:	PRODUCTS - COMP/OP AGG \$ 4,000,000			
		<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				
A		<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY	ISAH08578965	7/1/2009	7/1/2010	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
		<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$ XXXXXXXX
		<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$ XXXXXXXX
		<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$ XXXXXXXX
		<input type="checkbox"/> HIRED AUTOS				
		<input type="checkbox"/> NON-OWNED AUTOS				
		<input type="checkbox"/> GARAGE LIABILITY	NOT APPLICABLE			AUTO ONLY - EA ACCIDENT \$ XXXXXXXX
		<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC \$ XXXXXXXX
						AGG \$ XXXXXXXX
		<input type="checkbox"/> EXCESS/UMBRELLA LIABILITY	NOT APPLICABLE			EACH OCCURRENCE \$ XXXXXXXX
		<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$ XXXXXXXX
		<input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> UMBRELLA FORM				\$ XXXXXXXX
		RETENTION \$				\$ XXXXXXXX
						\$ XXXXXXXX
A		<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	WCUC45700951(XS WC)(3M/3M/3M)	7/1/2009	7/1/2010	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
A		<input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? NO	SCFC4570094A (WI)	7/1/2009	7/1/2010	E.L. EACH ACCIDENT \$ 1,000,000
A		If yes, describe under SPECIAL PROVISIONS below	WLRC 45700926(AOS)	7/1/2009	7/1/2010	E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
A			WLRC45700938 (CA)	7/1/2009	7/1/2010	E.L. DISEASE - POLICY LIMIT \$ 1,000,000
		OTHER				

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

CERTIFICATE HOLDER 3704633 FOR INFORMATIONAL PURPOSES ONLY	CANCELLATION [M446912] SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> 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
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COOPER INDUSTRIES

Subsidiaries: 2009-2010

Additional Information

COOPER B-LINE, INC.

COOPER TOOLS, INC.

COOPER BUSSMANN, LLC

Sure Power, Inc.

COOPER WIRING DEVICES, INC.

COOPER CROUSE-HINDS, LLC

Cooper Crouse-Hinds MTL, Inc.

G & H Technology, Inc.

Elpro Technologies, Inc.

RTK Instruments, LLC

Standard Automation & Control, LP

COOPER US, INC.

Cooper Industries, LLC

COOPER LIGHTING, LLC

Illumination Management Solutions, Inc.

COOPER NOTIFICATION, LLC

Cooper Wheelock, Inc.

COOPER POWER SYSTEMS, LLC

Cooper Power Systems Transportation Company

Cannon Technologies, Inc.