



3000 Lakeview Ave. Saint Joseph, Mi 49085
P: 269-982-2319 F: 269-983-0631

March 31, 2019

Re: Certificate of Insurance

To Whom It May Concern:

As a **supplier** to LECO Corporation, we require that you provide us with evidence of insurance for 2010 and annually thereafter, with the minimum requirements outlined below:

Commercial General Liability (Occurrence Form)

General Aggregate (other than Prod/Comp Ops Liability)	\$2,000,000
Products/Completed Operations Aggregate	\$2,000,000
Personal and Advertising Injury Liability	\$1,000,000
Each Occurrence	\$1,000,000

- Policy Aggregates to apply separately to each project.
- LECO Corporation named as Additional Insured with Endorsement

Workers' Compensation and Employer's Liability

Workers' Compensation Employer's Liability	State Statutory Limits
Bodily Injury by Accident	\$500,000 each accident
Bodily Injury by Disease	\$500,000 policy limit
Bodily Injury by Disease	\$500,000 each employee

Automobile Liability \$1,000,000

Umbrella Liability

Each Occurrence and Aggregate \$2,000,000

The above coverages must be placed with an insurance company with an A.M. Best rating of A-:VII or better. Certificate of Insurance shall include waiver of subrogation on CGL, Auto and Workers' Compensation.

The certificate holder should read as follows in order to ensure that the certificate reaches the correct department

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

Please forward your certificates either by mail, fax 269-983-0631 or email tom_blank@leco.com within thirty (30) days of this notice in order to avoid further notices and possible interruption of your activities with LECO Corporation. You may call me with any questions at (269) 982-2212

Sincerely

Tom Blank
Director of Purchasing
LECO Corporation