

WORKER'S COMPENSATION INSURANCE (U.S. ONLY)

If Parker Hannifin Corp. has entered into a written contract with your company, the following Memorandum of Insurance evidences insurance as required by such written contract(s). Such Memorandum does not alter, amend or change the terms and conditions of such insurance.

MEMORANDUM OF INSURANCE

| PRODUCER Aon Risk Services Northeast, Inc. Skylight Office Tower, Suite 650 1660 West 2 nd St. Cleveland, OH 44113 USA | | THIS MEMORANDUM IS A MATTER OF INFORMATION ONLY. THIS MEMORANDUM DOES NOT AMEND, EXTEND OR ALTER THE COVERAGES AFFORDED BY THE POLICIES BELOW. | | | | |
|---|--|--|----------------------------------|-----------------------------------|------------------------------|---------------------|
| | | COMPANIES AFFORDING COVERAGE | | | | |
| | | COMPANY A Old Republic Insurance Co. | | | | |
| INSURED Parker Hannifin Corporation 6035 Parkland Blvd. Cleveland, OH 44124 USA | | COMPANY B | | | | |
| | | COMPANY C | | | | |
| | | COMPANY D | | | | |
| | | COMPANY E | | | | |
| COVERAGES 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 MEMORANDUM 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. LIMITS SHOWN ARE AS REQUESTED. | | | | | | |
| CO LTR | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS | |
| | GENERAL LIABILITY | | | | GENERAL AGGREGATE | |
| | | | | | PRODUCTS -COMP/OP AGG | |
| | | | | | PERSONAL & ADV. INJURY | |
| | | | | | EACH OCCURRENCE | |
| | AUTOMOBILE LIABILITY | | | | COMBINED SINGLE LIMIT | |
| | | | | | BODILY INJURY (per accident) | |
| | | | | | BODILY INJURY (per accident) | |
| | | | | | PROPERTY DAMAGE | |
| | PROPERTY | | | | | |
| | EXCESS LIABILITY | | | | EACH OCCURRENCE | |
| | | | | | AGGREGATE | |
| A | * WORKERS COMP. & EMPLOYER'S LIABILITY | MWC 115932 00 | 4/1/2009 | 4/1/2010 | X | WC Statutory limits |
| | | | | | EL EACH ACCIDENT | \$1,000,000 |
| | | | | | EL DISEASE- POLICY LIMIT | \$1,000,000 |
| | | | | | EL DISEASE – EACH EMPLOYEE | \$1,000,000 |
| The information contained herein is as of the date referred to above. Parker Hannifin Corporation shall be under no obligation to update such information. | | | | | | |
| Additional Information: This Insurance does not apply to liability arising out of aircraft products and grounding. *Parker Hannifin Corporation is a qualified self-insured employer in the following states: AL, AZ, AK, CA, CT, FL, GA, IL, IN, IA, KS, KY, ME, MA, MI, MN, MS, MO, NE, NV, NH, NJ, NY, NC, OH, OR, PA, SC, TN, TX, UT, VA and WI. | | | | | | |
| The Memorandum of Insurance serves solely to list insurance policies, limits and dates of coverage. Any modifications hereto are not authorized. | | | | | | |