

MEMORANDUM OF INSURANCE

DATE OF ISSUE: 08/01/2009

PRODUCER:

AON RISK SERVICES NORTHEAST, INC.
 1660 West Second Street, Suite 650
 Cleveland, OH 44113
 Phone: (866) 283-7122
 Fax: (847) 953-5390

COMPANIES AFFORDING COVERAGE

COMPANY LETTER	A	Travelers Property Casualty Co. of America
COMPANY LETTER	B	
COMPANY LETTER	C	
COMPANY LETTER	D	
COMPANY LETTER	E	

INSURED:

Premier Farnell Corp.
 7061 E. Pleasant Valley Road
 Independence, OH 44131

COVERAGES

This memorandum verifies that the following coverages are in force: Automobile Liability.

This memorandum is furnished to you as a matter of information for your convenience. It is not intended to reflect all the terms and conditions or exclusions of such policies. This memorandum is not an insurance policy and does not amend, alter, or extend the coverage afforded by the listed policies. The insurance afforded by the listed policy is subject to all the terms, exclusions and conditions of such policies.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	EFF. DATE	EXP. DATE	LIMITS SHOWN ARE AS REQUESTED	
	COMMERCIAL GENERAL LIABILITY				GENERAL AGGREGATE	\$
<input type="checkbox"/>	COM GEN LIABILITY				PRODUCTS-COMP/OP AGG	\$
<input type="checkbox"/>	CLAIM OCCUR				PERSONAL & ADV INJURY	\$
<input type="checkbox"/>	OWN & CONT PROT				EACH OCCURRENCE	\$
<input type="checkbox"/>					FIRE DAMAGE (Any fire)	\$
<input type="checkbox"/>					MED EXPENSE (Any one person)	\$
	AUTOMOBILE LIABILITY					
<input checked="" type="checkbox"/>	ANY AUTO					
<input type="checkbox"/>	ALL OWNED AUTOS				COMBINED SINGLE LIMIT	\$ 1,000,000
<input type="checkbox"/>	SCHEDULED AUTOS					
A	HIRED AUTOS	TC2J -CAP 133D972A-09	07/31/09	07/31/10	BODILY INJURY (Per Person)	\$
<input type="checkbox"/>	NON-OWNED AUTOS					
<input type="checkbox"/>	GARAGE LIABILITY				BODILY INJURY (Per Accident)	\$
<input type="checkbox"/>	SELF-INSURED					
<input type="checkbox"/>	PHYSICAL DAMAGE				PROPERTY DAMAGE	\$
	EXCESS LIABILITY					
<input type="checkbox"/>	UMBRELLA FORM				EACH OCCURRENCE	\$
<input type="checkbox"/>	OTHER THAN UMB				AGGREGATE	\$
	WORKERS' COMPENSATION AND EMPLOYER'S LIABILITY				<input checked="" type="checkbox"/> STATUTORY LIMITS	\$
					EACH ACCIDENT	\$
					DISEASE-POLICY LIMIT	\$
					DISEASE-EACH EMPLOYEE	\$

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS