

UNITED STATES BANKRUPTCY COURT  
DISTRICT OF DELAWARE

Case No. 03-12676

Debtor  
MST-COIL SYSTEMS CORPORATION

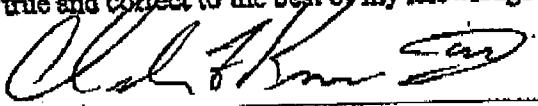
INITIAL MONTHLY OPERATING REPORT

File report and attachments with Court and submit copy to United States Trustee within 15 days after order for relief

Certificates of insurance must name United States Trustee as a party to be notified in the event of policy cancellation.  
Bank accounts and checks must bear the name of the debtor, the case number, and the designation "Debtor in Possession."  
Examples of acceptable evidence of Debtor in Possession Bank accounts include voided checks, copy of bank deposit agreement/certificate of authority, signature card, and/or corporate checking resolution.

REQUIRED DOCUMENTS	Document Attached	Explanation Attached
12-Month Cash Flow Projection (Form IR-1)		X
Certificates of Insurance:		
Workers Compensation	X	
Property	X	
General Liability	X	
Vehicle	X	
Other:		
Evidence of Debtor in Possession Bank Accounts		X
Tax Escrow Account	X	
General Operating Account		
Other:		
Other:		

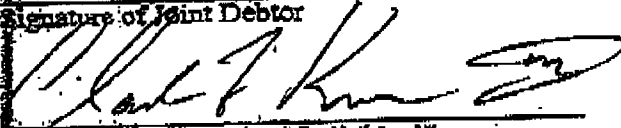
I declare under penalty of perjury (28 U.S.C. Section 1746) that this report and the documents attached are true and correct to the best of my knowledge and belief.

  
Signature of Debtor

Date

Signature of Joint Debtor

Date

  
Signature of Authorized Individual\*

Date

Charles F. Kuoni, III  
Printed Name of Authorized Individual

President and Chief Executive Officer  
Title of Authorized Individual

\*Authorized individual must be an officer, director or shareholder if debtor is a corporation; a partner if debtor is a partnership; a manager or member if debtor is a limited liability company.

**IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE DISTRICT OF DELAWARE**

In re:	)	
	)	Chapter 11
	)	
Met-Coil Systems Corporation,	)	Case No. 03-12676
	)	
Debtor.	)	

**EXHIBIT TO INITIAL MONTHLY OPERATING REPORT OF MET-COIL  
SYSTEMS CORPORATION**

1. 12-month cash flow projection – The Debtor has only prepared a cash flow budget through December 31, 2003 at this time and will provide an updated budget when available.
2. Evidence of Debtor in Possession Bank Accounts – The Debtor has established a DIP Account at Fleet Bank. The Debtor sought through its Motion to Authorize Debtor's Motion for Entry of Order Authorizing (A) Continued Use of (i) Business Forms and (ii) Cash Management System and (B) Waiver of Investment Guidelines Filed by Met-Coil Systems Corporation and obtained relief from the Court from the requirements to establish a separate Tax Escrow Account and to have the designation "Debtor in Possession" on its bank accounts, checks and other documents.

MEMORANDUM FOR THE DIRECTOR, FBI  
FROM: SAC, NEW YORK (100-100000)  
SUBJECT: [REDACTED]  
RE: [REDACTED]

Description	Year Ending												Total
	2020/2021	2021/2022	2022/2023	2023/2024	2024/2025	2025/2026	2026/2027	2027/2028	2028/2029	2029/2030	2030/2031		
Beginning Book Cost													
Accounts Payable	665	818	909	896	498	742	358	504	768	809	424	685	685
Deposits	-	-	-	-	19	99	19	19	38	38	38	38	38
Other	-	-	-	-	-	-	-	-	-	-	-	-	-
Cost Receipts	863	818	909	896	427	841	377	523	787	847	462	723	723
Depreciations													
Gross Payroll & Related Taxes	(394)	(131)	(314)	(131)	(394)	(131)	(394)	(131)	(394)	(131)	(394)	(131)	(394)
Material Purchase	(71)	(100)	(123)	(123)	(110)	(208)	(208)	(208)	(208)	(208)	(208)	(208)	(208)
Rentals	(10)	(25)	(45)	(20)	(20)	(20)	(20)	(20)	(20)	(20)	(20)	(20)	(20)
Other Manufacturing Expenses	(55)	(35)	(35)	(35)	(35)	(35)	(35)	(35)	(35)	(35)	(35)	(35)	(35)
Medical Insurance & Fringe	(36)	(27)	(42)	(7)	(48)	(16)	(67)	(7)	(7)	(27)	(27)	(7)	(7)
Plant / Utilities	(5)	(41)	(38)	(37)	(37)	(17)	(17)	(17)	(17)	(102)	(88)	(60)	(10)
Office / Support & Maintenance	(7)	(5)	(5)	(5)	(5)	(5)	(5)	(5)	(5)	(5)	(5)	(5)	(5)
Outfry Change Price Fees (Non-instrumental)	-	-	-	-	-	-	-	-	-	-	-	-	-
T & E	-	-	-	-	-	-	-	-	-	-	-	-	-
Trade Shows/Marketing	-	-	-	-	-	-	-	-	-	-	-	-	-
Consulting	-	-	-	-	-	-	-	-	-	-	-	-	-
Insurance / Premiums-Payroll/CCA/Exc.	-	-	-	-	-	-	-	-	-	-	-	-	-
Corporate Expenses-Rentals	-	-	-	-	-	-	-	-	-	-	-	-	-
Parent Company / Change	-	-	-	-	-	-	-	-	-	-	-	-	-
Other Depreciations	-	-	-	-	-	-	-	-	-	-	-	-	-
Sub-Total	(385)	(220)	(220)	(220)	(220)	(220)	(220)	(220)	(220)	(220)	(220)	(220)	(220)
Net Income	478	598	689	676	277	621	1,060	1,441	1,140	782	1,007	1,309	1,309
Contingency													
Total Income	1,167	1,406	1,578	1,572	704	1,242	2,120	2,881	2,280	1,584	2,314	2,618	2,618
Operating Cash Flow	280	318	318	318	318	318	318	318	318	318	318	318	318
Investing Cash Flow	29	132	117	113	90	743	1,462	2,598	2,803	2,808	5,438	4,915	5,401
Financing Cash Flow	294	351	351	351	351	351	351	351	351	351	351	351	351
Net Change in Cash	603	801	786	782	759	1,812	3,329	5,751	5,921	8,597	9,106	8,684	9,106
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Financing Cash Flow	294	351	351	351	351	351	351	351	351	351	351	351	351
Net Change in Cash	603	801	786	782	759	1,812	3,329						



## STATEMENT OF ACCOUNTS

PAGE 1 OF 1

942934-5782

156

STATEMENT DATE  
08/29/03  
Questions?  
Call Corporate  
Client Services  
1-888-267-2627

#BWNHNB  
MET-COIL SYSTEMS CORP  
711 OGDEN AVE  
LISLE IL 60532

CY

0 ENCLOSED ITEMS

Cash Reserve Payment

Please remit to:  
FLEET BANK  
Cash Reserve  
PO Box 150452  
Hartford, CT. 06115-0452

detach

CHECKING	BEGINNING BALANCE	DEPOSITS, OTHER CREDITS	CHECKS, WITHDRAWALS, OTHER DEBITS	INTEREST PAID	ACCOUNT ACTIVITY & OTHER FEES	ENDING BALANCE
942934-5782	.00	231674.49	.00	.00	.00	231674.49

ACCOUNT NO. 942934-5782 COMMERCIAL CHECKING  
BUSINESS BANKING CENTER ACCESS CODE 5938

PERIOD 08/25/03 THROUGH 08/29/03

## - DEBITS AND CREDITS -

DATE	DEBITS (-)	CREDITS (+)	DESCRIPTION
08-28	83,674.27		BOSTON LBX DEP #3495
08-28	129,242.06		BOSTON LBX DEP #3495
08-29	18,758.16		BOSTON LBX DEP #3495

## - DAILY BALANCE SUMMARY -

DATE	BALANCE	DATE	BALANCE	DATE	BALANCE
08-28	212,916.33	08-29	231,674.49		

GAIN ONLINE ACCESS TO COMMONLY  
USED FORMS AT  
FLEET.COM COMMERCIAL

**alle Bank N.A.**

South LaSalle Street  
Chicago, Illinois 60603  
Member FDIC  
(708) 904-7272

MONTHLY CLIENT UPDATE

096 NA  
MET COIL SYSTEMS CORP  
711 OGDEN AVE  
Lisle IL 60532

Enclosure(s)  
Statement Date:  
Page 1 of 1  
Account Number

0  
08/31/03  
5201172532

10. COMMERCIAL CHECKING: 5201172532  
Statement Period: 08/01/03 - 08/31/03

Beginning Balance: 178.97  
Deposits and Additions: .00  
Checks/Debits/Fees: 30.82  
Ending Balance: 148.15

Withdrawals and Deposits		
Withdrawals	Deposits	
08/01/03	08/01/03	
08/02/03	08/02/03	
08/03/03	08/03/03	
08/04/03	08/04/03	
08/05/03	08/05/03	
08/06/03	08/06/03	
08/07/03	08/07/03	
08/08/03	08/08/03	
08/09/03	08/09/03	
08/10/03	08/10/03	
08/11/03	08/11/03	
08/12/03	08/12/03	
08/13/03	08/13/03	
08/14/03	08/14/03	
08/15/03	08/15/03	
08/16/03	08/16/03	
08/17/03	08/17/03	
08/18/03	08/18/03	
08/19/03	08/19/03	
08/20/03	08/20/03	
08/21/03	08/21/03	
08/22/03	08/22/03	
08/23/03	08/23/03	
08/24/03	08/24/03	
08/25/03	08/25/03	
08/26/03	08/26/03	
08/27/03	08/27/03	
08/28/03	08/28/03	
08/29/03	08/29/03	
08/30/03	08/30/03	
08/31/03	08/31/03	
		Balance
		178.97
		148.15

IMPORTANT INFORMATION

South LaSalle Street  
Chicago, Illinois 60603  
Member FDIC  
2) 904-7272

096 NA  
MET COIL SYSTEMS CORP  
711 OGDEN AVE  
LISLE IL 60532

Statement Date: 08/31/03  
Page 1  
Account Number 8602447404

PRO. COMMERCIAL MONEY MARKET: 8602447404	
ber of Days This Period:	29 Days
. Available Balance:	1,554.54
erest Earned This Year:	31.01

Beginning Balance:	1,554.54
Deposits and Additions:	.00
Interest Paid:	.46
Checks/Debits/Fees:	.00
Ending Balance:	1,555.00

[illegible]

### IMPORTANT INFORMATION

**Salle Bank N.A.**

South LaSalle Street  
Chicago, Illinois 60603  
Member FDIC  
2) 804-7272

**MONTHLY CLIENT UPDATE**

096 NA  
MET COIL SYSTEMS CORP  
711 OGDEN AVE  
LISLE IL 60532

Statement Date:  
Page 1  
Account Number

08/31/03  
8602447479

FROM COMMERCIAL MONEY MARKET: 8602447479  
Number of Days This Period: 29 Days  
Available Balance: 1,234.36  
Interest Earned This Year: 3.72

Beginning Balance: 1,234.36  
Deposits and Additions: .00  
Interest Paid: .37  
Checks/Debits/Fees: .00  
Ending Balance: 1,234.73

**Withdrawals and Deposits**

Withdrawals  
Deposits  
Interest Paid

**Account Summary**

Balance  
Withdrawals  
Deposits

Balance  
1,234.36  
1,234.73

**IMPORTANT INFORMATION**



P.O. Box 1800  
Saint Paul, Minnesota 55101-0800  
04218TRC 000004 25106SBA1Y 5701

## Business Statement

Account Number:

0 001 2337 8002

Statement Period:

Aug. 1, 2003

through

Aug. 31, 2003

Page 1 of 1



METACIL SYSTEMS CORP  
IOWA PRECISION INC  
260 N ELM ST  
WESTFIELD MA 01085-1614



**To Contact U.S. Bank**

24-Hour Business Solutions: 1-800-673-3555

TDD: 1-800-685-5065

Internet: [www.usbank.com](http://www.usbank.com)

Member FDIC

### COMMERCIAL CHECKING

Account Number 0-001-2337-8002

U.S. Bank National Association

#### Account Summary

	# Items	\$	
Beginning Balance on Aug. 1		\$	19,861.16
Other Withdrawals	2		13.43
Checks Paid	4		1,053.52
<b>Ending Balance on Aug. 31, 2003</b>		<b>\$</b>	<b>18,788.18</b>

#### Other Withdrawals

Date	Description of Transaction	Ref Number	Amount
Aug. 14	Iowa Tax	1400000000	\$ 0.92
Aug. 14	Analysis Service Charge		\$ 18.56
<b>Total Other Withdrawals</b>			<b>\$ 19.48</b>

#### Checks Paid

Check	Date	Ref Number	Amount	Check	Date	Ref Number	Amount
3661	Aug. 5	4542199298	50.00	3661	Aug. 5	4542199298	50.00
3663	Aug. 8	4542199324	50.00	3663	Aug. 8	4542199324	50.00
<b>Total (4) Checks Paid</b>			<b>\$ 1,053.52</b>				

Gap in check sequence

#### Balance Summary

Date	Ending Balance	Date	Ending Balance	Date	Ending Balance
Aug. 5	19,811.16	Aug. 14	19,491.70	Aug. 27	18,788.18
Aug. 8	19,311.16	Aug. 25	19,003.43		

Balances only appear for days reflecting change.

Does your small business need the best equipment money can buy without constricting cash flow? Consider leasing new or used equipment with U.S. Bank. Call U.S. Bank Business Equipment Finance today at 877-677-4990 for more information or to apply immediately by phone, or visit us online at [usbank.com](http://usbank.com).



**ACORD**

PRODUCER (617)951-3939 FAX (617)951-3940  
InterNational Insurance Group Ltd.  
125 Broad Street - 4th Floor  
Boston, MA 02110

Attn Frank Denis  
INSURED Met-coil, Inc.  
260 No. Elm Street  
Westfield, MA 01085

Ext 161

DATE (MM/DD/YY)  
09/15/2003

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION  
ONLY AND CONFERS NO INSURANCE UPON THE CERTIFICATE  
HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR  
ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

## COMPANIES AFFORDING COVERAGE

COMPANY A Royal Insurance  
COMPANY B Federal Insurance Company  
COMPANY C  
COMPANY D

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  
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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	COVERED PROPERTY	LIMITS
A	<input checked="" type="checkbox"/> PROPERTY CAUSES OF LOSS BASIC BROAD SPECIAL EARTHQUAKE FLOOD	R21Y041758	05/01/2003	05/01/2006	BUILDING PERSONAL PROPERTY BUSINESS INCOME EXTRA EXPENSE BLANKET BUILDING BLANKET PERS PROP BLANKET BLDG & PP <input checked="" type="checkbox"/> See Attached	\$ \$ \$ \$ \$ \$ \$ \$
	<input checked="" type="checkbox"/> INLAND MARINE TYPE OF POLICY Property CAUSES OF LOSS NAMED PERILS OTHER	P20C103826	05/01/2003	05/01/2004	<input checked="" type="checkbox"/> See Attached	\$ \$ \$ \$ \$
	<input checked="" type="checkbox"/> CRIME TYPE OF POLICY Crime/Fiduciary	8137-71-04	10/29/2002	10/29/2003		\$ \$ \$
	<input type="checkbox"/> BOILER & MACHINERY OTHER					\$ \$

LOCATION OF PREMISES/DESCRIPTION OF PROPERTY

SPECIAL CONDITIONS/OTHER COVERAGES

## CANCELLATION

U.S. Department of Justice  
Office of the United States Trustee  
Attn: Jeffrey W. Heck, CFE  
J. Caleb Boggs Federal Bldg.  
844 King Street, Suite 2207  
Wilmington, DE 19801

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED OR EXPIRE THE  
EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL  
30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT,  
BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY  
OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

PAGE TWO CORPORATION 1998

**PROPERTY INSURANCE**  
**SUMMARY**

**Insurance Company:** Royal Indemnity Company

**Policy Number:** R21Y041758

**Named Insured**

Mestek, Inc. and any subsidiary, associated or allied company, corporation, firm, organization, and Mestek, Inc.'s interest in any partnership or joint venture in which Mestek, Inc. has management control or ownership as now constituted or hereafter is acquired, as the respective interest of each may appear, all hereafter referred to as the "Insured", including legal representatives. (See Attached)

**Corporate Address**

260 North Elm St  
Westfield, MA 01085

**Policy Period**

May 1, 2003 to May 1, 2006

**Perils:** All Risk of direct physical loss or damage, except as otherwise excluded.  
Including Flood, Earthquake and Machinery & Equipment.

**Limits of Liability:**

\$100,000,000	Loss Limit combined PD/Bi as respects risks of direct physical loss or damage, except as hereafter provided, as per the schedule of locations and values on file with Royal Indemnity Company.
\$25,000,000	per occurrence and in annual aggregate as respects the peril of Earthquake except in the State of California.
\$5,000,000	per occurrence and in annual aggregate as respects the peril of Earthquake in the State of California.
\$5,000,000	per occurrence and in annual aggregate as respects the peril of Earthquake in the States of Utah, Nevada, Washington, Oregon and New Madrid.
Excluded	Earthquake is excluded in the following territories: Barbados, Chile, Colombia,

Dominican Republic, Ecuador, Indonesia, Israel, Italy, Jamaica, Japan, Kenya, Mexico, New Zealand, Panama, Philippines, Puerto Rico, Taiwan, Trinidad & Tobago, Turkey. And Venezuela

\$25,000,000 per occurrence and in annual aggregate as respects the peril of Flood except Flood Zones A, B, V and X-Shaded locations.

\$2,500,000 per occurrence and in annual aggregate Flood Zones A, B, V and X-Shaded locations.

Excluded Netherlands Flood.

#### Sub-Limits

Accounts Receivable	\$10,000,000
Valuable Papers	\$10,000,000
Service Interruption (5 mile limitation)	\$10,000,000
Extra Expense	\$10,000,000
Errors and Omissions	\$10,000,000
Civil Authority (30 days limitation)	\$10,000,000
Ingress/Egress (30 day limitation)	\$10,000,000
Rental Income	\$10,000,000
Valuable Papers	\$10,000,000
Builders Risk	\$10,000,000
Newly Acquired Locations (90 day reporting)	\$10,000,000
Royalties and Licensing Fees	\$10,000,000
Tenants & Neighbors	\$10,000,000
Contingent Extra Expense	\$10,000,000
Devaluation	\$10,000,000
Coinsurance Deficiency	\$10,000,000
Interdependency Losses	\$10,000,000
Contingent Business Interruption (Direct named suppliers)	\$10,000,000
Contingent Business Interruption (Unnamed suppliers)	\$1,000,000
Debris Removal	25% of the loss or \$5,000,000, whichever is greater
Miscellaneous Unnamed Locations	\$5,000,000
EDP Media Reconstruction	\$5,000,000
Research & Development	\$5,000,000
Tax Treatment of Profits	\$5,000,000
Leasehold Interests	\$ 5,000,000

	Policy Limit
EDP Equipment	
Demolition and Increased Cost of Construction	\$ 10,000,000
Transit (This limit is excess/dic over any specific Transit policy)	\$ 1,000,000
Extended Period of Indemnity	30 days
Tax Liability	\$2,500,000
Expediting Expense	\$ 1,000,000
Pollutant Clean-Up (Land & Water)	\$ 250,000 Ann. Agg.
Fine Arts	\$500,000

Machinery & Equipment:	\$25,000,000
\$1,000,000	as respects expediting expense
\$1,000,000	as respects hazardous substance
\$1,000,000	as respects consequential
\$1,000,000	as respects ammonia contamination

#### Deductibles

Earthquake: \$100,000 except,  
California and Japan Earthquake: 5% of total values at locations damaged subject to a minimum of \$250,000.

Flood: \$100,000 except,  
\$500,000 applied separately to Bldg and Cnts. For properties located in Flood Zones A, B, V and X-Shaded.

Tier 1 Wind (as per the attached): 2% of total values at locations damaged subject to a minimum of \$250,000.

Service Interruption: 48 hours waiting period plus \$100,000.

Civil Authority and Ingress/Egress: 48 hours plus \$100,000.

All other perils: \$100,000

Boiler & Machinery: \$100,000 combined PD/BI

#### Coverage Territory:

This Policy Covers Worldwide Excluding Afghanistan, Albania, Cuba, Iran, Iraq, Kampuchea (Cambodia), Laos, Libya, North Korea, Rwanda, Sudan, Syria, Zaire Or Zaire (Congo), Country Or Territory To Which The Export, Either Directly Or Indirectly, Of U.S. Products, Technology, Or Services Is Prohibited By U.S. Laws At The Time Of The "Occurrence".

**Electronic data - This policy does not cover:**

A. Loss of or damage to "electronic data", including but not limited to "computer virus" and any other detrimental change in "electronic data" that is caused by a deletion, disruption, corruption, destruction, distortion, erasure, alteration or a deformation of the "electronic data", nor any resulting loss as provided by coverage in the Time Element section of this policy;

B. Loss, damage or expense resulting from impairment in the function, availability, range of use or accessibility of "electronic data", and any resulting loss as provide by coverage in the Time Element section.

Notwithstanding the above, the actual loss sustained by the Insured resulting from the availability or accessibility of Electronic Or Electromechanical Data Processing Or Electronically Controlled Equipment as specifically provided for in the following coverage contained elsewhere in this policy is insured:

"Premises" Services Coverage; or  
Ingress / Egress Or Interruption By Civil Or Military Authority Coverage.

Notwithstanding the above:

A.A. Loss of or damage to "electronic data" which is the direct consequence of a "Peril Insured" to insured "electronic media" shall be covered by this policy.

B.B. If physical loss or damage by a "Peril Insured" to insured property results, the resulting loss or damage shall be covered by this policy.

## **TIER 1 WIND JURISDICTIONS**

<b><u>Jurisdiction</u></b>	<b><u>Counties</u></b>
ALABAMA	Baldwin, Mobile
FLORIDA	Entire State
GEORGIA	Bryan, Camden, Chatham, Glynn, Liberty, McIntosh
HAWAII	Entire State
LOUISIANA	Cameron, Iberia, Jefferson, Lafourche, Orleans, Plaquemines, St. Bernard, St. Mary, St. Tammany, Terrebonne, Vermilion
MISSISSIPPI	Hancock, Harrison, Jackson
NORTH CAROLINA	Beaufort, Bertie, Brunswick, Camden, Carteret, Chowan, Currituck, Dare, Hyde, New Hanover, Onslow, Pamlico, Pasquotank, Pender, Perquimans, Tyrrell, Washington
PUERTO RICO	Entire Territory
SOUTH CAROLINA	Beaufort, Berkeley, Charleston, Colleton, Georgetown, Horry, Jasper
TEXAS	Aransas, Brazoria, Calhoun, Cameron, Chambers, Galveston, Harris, Jackson, Jefferson, Kenedy, Kleberg, Matagorda, Neches, Refugio, San Patricio, Willacy
US VIRGIN ISLANDS	Entire Territory
VIRGINIA	Accomack, Chesapeake, Gloucester, Hampton, Isle of Wight, James City, Lancaster, Mathews, Middlesex, Newport News, Norfolk, Northampton, Northumberland, Portsmouth, Suffolk, Surry, Virginia Beach, Westmoreland, York.

# NEW MADRID DEFINITION

Indiana	New Madrid seismic areas			
	Bartholomew	Greene	Morgan	Rush
	Brown	Johnson	Owen	Shelby
	Clay	Knox	Parke	Sullivan
	Daviess	Lawrence	Pike	Vanderburgh
	Franklin	Monroe	Putnam	Warwick
	Gibson			
	(balance of state in Zones 4 and 5)			
Kentucky	New Madrid seismic areas			
	Ballard	Davis	Hopkins	Ohio
	Breckenridge	Edmondson	Livingston	Simpson
	Butler	Fulton	Logan	Trigg
	Caldwell	Graves	Lyon	Todd
	Calloway	Grayson	Marshall	Union
	Carlisle	Hancock	McCracken	Warren
	Christian	Henderson	McLean	Webster
	Crittenden	Hickman	Muhlenberg	
	(balance of state in Zones 4 and 5)			
Missouri	New Madrid seismic areas			
	Bollinger	Lewis	Pemiscot	St. Genevieve
	Butler	Lincoln	Perry	St. Louis
	Cape Girardeau	Marion	Pike	St. Louis City
	Dunklin	Mississippi	Ralls	Scott
	Jefferson	New Madrid	St. Charles	Stoddard
				Wayne
	(balance of state in Zones 4 and 5)			
Mississippi	New Madrid seismic areas			
	Alcorn	DeSoto	Panola	Tippah
	Benton	Grenada	Quitman	Tunica
	Bolivar	Humphreys	Sunflower	Union
	Calhoun	Lafayette	Tallahatchie	Washington
	Carroll	Leflore	Tate	Yalobusha
	Coahoma	Marshall		
	(balance of state in Zone 5)			

# NEW MADRID DEFINITION

Illinois	New Madrid seismic areas			
	Adams	Hamilton	Madison	Richland
	Alexander	Hardin	Massac	Saline
	Calhoun	Jackson	Monroe	St. Clair
	Clark	Jasper	Perry	Union
	Clinton	Jefferson	Pike	Wabash
	Crawford	Jersey	Pope	Washington
	Edwards	Johnson	Pulaski	Wayne
	Franklin	Lawrence	Randolph	White
	Gallatin			Williamson
	(balance of state in Zones 4 and 5)			
Arkansas	New Madrid seismic areas			
	Clay	Greene	Mississippi	Prairie
	Craighead	Jackson	Monroe	Randolph
	Crittenden	Lawrence	Phillips	St. Francis
	Cross	Lee	Poinsett	Woodruff
	(balance of Zones 3 through 5)			
Tennessee	New Madrid seismic areas			
	Benton	Dryer	Henry	Montgomery
	Carroll	Fayette	Houston	Obion
	Cheatham	Gibson	Humphreys	Perry
	Chester	Hardeman	Lake	Robertson
	Crockett	Hardin	Lauderdale	Shelby
	Decatur	Henderson	McNairy	Tipton
				Weakley
	(balance of state in Zone 4)			



**GLOBAL TRANSIT PROGRAM**  
**Summary**

**Named Insured**

Mestek, Inc. and any subsidiary, associated or allied company, corporation, firm, organization, and Mestek, Inc.'s interest in any partnership or joint venture in which Mestek, Inc. has management control or ownership as now constituted or hereafter is acquired, as the respective interest of each may appear, all hereafter referred to as the "Insured", including legal representatives.

**Corporate Address**

260 North Elm St  
Westfield, MA 01085

**Policy Period**

May 1, 2003 to May 1, 2006

**Insurance Company:**

Royal Insurance Company of America

**Policy Number:**

P20C 103826 - Marine  
P20C 103826 - War

**Scope of Coverage:**

Covering all legal shipments including primary and contingent cover for all incoming and outgoing shipments.

**Policy Territory:**

Anywhere in the World except shipment to and from C.I.S. and Mexico

**Goods to be Insured:**

New Machinery Equipment, parts and other merchandise incidental to the Business of the Insured.

**Limits:**

\$1,500,000	by any one aircraft and Connecting Conveyance
\$100,000	by any one Barge and Connecting Conveyance
\$150,000	On Deck
\$10,000	in any one package sent by Mail or Parcel Post
\$1,500,000	by any one Inland

	Conveyance
\$250,000	Exhibition Coverage
\$5,000	Per Occurrence
<b>Deductible:</b>	
<b>Perils:</b>	All Risk including War
<b>Valuation:</b>	International Shipments –Cost Insurance & freight + 10%
	Domestic - invoice plus freight
<b>Additional Conditions:</b>	Cancellation Provision – 30 days FOB/FAS Shipments Warehouse to Warehouse Brands & labels Contingent Interest Consolidation/Deconsolidation – 30 days

# ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)  
09/15/2003

PRODUCER (617)951-3939 FAX (617)951-3940  
InterNational Insurance Group Ltd.  
125 Broad Street - 4th Floor  
Boston, MA 02110  
Frank Denis

INSURED Met-coil, Inc.  
260 No. Elm Street  
Westfield, MA 01085

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

INSURER A: Sheffield Insurance Corp.  
INSURER B: Pacific Employers Insurance Co.  
INSURER C: Lexington Insurance  
INSURER D: ACE American Insurance Co.  
INSURER E:

## COVERAGES

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.

INSURER	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> SIR - \$150,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	ECP101099	10/01/2002	10/01/2003	EACH OCCURRENCE \$ 1,000,000 FIRE DAMAGE (Any one fire) \$ 1,000,000 MED EXP (Any one person) \$ 25,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS	CALH07934713	10/01/2002	10/01/2003	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
C	GARAGE LIABILITY ANY AUTO				EACH OCCURRENCE \$ 25,000,000 AGGREGATE \$ 25,000,000
	EXCESS LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 10,000	4013385	10/09/2002	10/09/2003	
E	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	WLRC42992471	10/01/2002	10/01/2003	EL EACH ACCIDENT \$ 1,000,000 EL DISEASE - EA EMPLOYEE \$ 1,000,000 EL DISEASE - POLICY LIMIT \$ 1,000,000
	OTHER Foreign Liability	PHF051693	10/01/2002	10/01/2003	See Attached

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

See Attached for the following coverage summaries: Employment Practices Liability, Employed Lawyers Liability, Fiduciary, Crime, Excess Umbrella

## CERTIFICATE HOLDER

ADDITIONAL INSURED; INSURER LETTER:

U.S. Department of Justice  
Office of the United States Trustee  
Attn: Jeffrey W. Heck, CFE  
J. Caleb Boggs Federal Bldg.  
844 King Street, Suite 2207  
Wilmington, DE 19801

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

©ACORD CORPORATION 1988

## IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

If ADDITIONAL INSURED is not listed in the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

## DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

**GENERAL LIABILITY**  
**SUMMARY**

**Named Insured:** Mat-Coil, Inc.

**Mailing Address:** 200 North Elm Street  
Westfield, MA 01085

**Effective Date:** October 1, 2002 – October 1, 2003

**Insurance Company:** Sheffield Insurance Company (AXIS)

**Policy Number:** ECP101099

**Limits of Liability:**

Bodily Injury and Property Damage:	\$1,000,000	Each Occurrence
General Aggregate Other than Products - Completed Operations:	\$2,000,000	Aggregate
Personal Injury and Advertising Injury Liability:	\$2,000,000	Each Occurrence
Products/Completed Operations:	\$2,000,000	Aggregate
Fire Legal Liability:	\$1,000,000	Any One Fire
Premises Medical Payments:	\$25,000	Each Person
Employee Benefits Liability:	\$1,000,000 \$2,000,000 \$1,000	Each Claim Aggregate Deductible
<b>Self Insured Retention:</b>	\$150,000	per occurrence – including Allocated Loss Adjustment expenses.

**Coverage Extensions:**

- Premises/Operations
- Advertising/Personal Injury Liability
- Products/Completed Operations
- Fire Damage Legal Liability
- Medical Payments
- Fellow Employee Exclusion deleted

- Application of the Fellow Employee Exclusion w/r/t the rendering or failure to render emergency medical aid by one employee to another deleted
- Liquor Amendatory – Schedule to read “any and all events hosted, sponsored or sanctioned by the Named Insureds” Any contractual liability exclusion pertaining to Personal Injury and/or Advertising Injury deleted
- Additional Insured status to extend to:
  - All Lessors of Equipment
  - All Lessors of Premises
  - To include all managing agents of leased premises
  - All Lenders of the Named Insured(s) as required under the lending agreement
  - Any and all third parties whom the Named Insured(s) has agreed under written or oral contract to indemnify and/or include as an Additional Insured
  - To include third parties to whom the Named Insured may have sold a business unit or product line and for which they retained liability for future injury resultant upon product sold by the Named Insured and agreed to indemnify/hold harmless the purchaser and/or to include the purchaser as an Additional Insured – see Schedule of Acquisitions, Divestitures
  - All Vendors of the Insured pursuant to written agreement
    - All products manufactured/distributed by the Named Insured
- Blanket Waiver of Subrogation where Insured has so agreed either by oral or written contract
- Policy amended such that coverage applies as excess over any other valid and collectible insurance available to the Insured by virtue of their being named as Additional Insured on policies of others
- Coverage for Injury to Leased Workers
- Amendment of Pollution Exclusion – exception for Building Heating Equipment included – to apply w/r/t both premises and products

## **AUTOMOBILE LIABILITY** **SUMMARY**

**Named Insured:**

Mestek, Inc. and any subsidiary, associated or allied company, corporation, firm, organization, partnership, etc., Inc.'s interest in any partnership or joint venture in which Mestek, Inc. has management control or ownership as now constituted or hereafter is acquired, as the respective interest of each may appear, all hereafter referred to as the "Insured", including legal representatives.

**Mailing Address:**

260 North Elm Street  
Westfield, MA 01085

**Effective Date:**

October 1, 2002 – October 1, 2003

**Insurance Company:**

ACE – Pacific Employers Insurance Co.

**Policy Number:**

CALH 07934713

**Limits of Liability:**

\$1,000,000 Combined Single Limit – Bodily  
Injury/Property Damage

STATUTORY – Personal Injury Protection/No Fault

\$500,000 Uninsured/Underinsured Motorists Coverage

\$10,000 Medical Payments

Actual Cash Value – Comprehensive and Collision –  
Designated Autos Only

\$50,000 Physical damage – Hired Autos

\$50/\$1,500 Rental Reimbursement – PPT's Only

**Physical Damage Deductibles:**

\$1,000 BODILY – Collision & Comprehensive  
\$1,000 Hired Car Physical Damage  
\$2,500 Commercial Units

### **Coverage Extensions:**

- Follow Employee Exclusion
- Hired Car Liability - "if any"
- Employer's Non-Ownership Liability
- Extended to include Employees as Additional Insureds
- Blanket Form Lessors Endorsement
- Blanket Lessors of the Named Insured
- Changes in Commercial Auto Coverage C
- Employee Hired Autos CA 20 54
- Waiver of Subrogation as may be required by contract
- Blanket Additional Insureds as may be required by contract



## **WORKERS' COMPENSATION**

### **SUMMARY**

Mestek, Inc. and any subsidiary, associated or allied company, department, firm, organization, or Mestek, Inc.'s interest in any partnership or joint venture in which Mestek, Inc. has management control or ownership as now constituted or hereafter is acquired, as the respective interest of each may appear, all hereafter referred to as the "Insured", including legal representatives.

**Mailing Address:**

260 North Elm Street  
Westfield, MA 01085

**Effective Date:**

October 1, 2002 – October 1, 2003

**Insurance Company:**

ACE – Pacific Employers Insurance Company

**Policy Number:**

WLRC42992471

**Limits:**

Coverage A: Statutory  
Coverage B: \$1,000,000 BI by accident – each employee  
\$1,000,000 BI by Disease – policy limit  
\$1,000,000 BI by Disease – each employee

**Deductible:**

\$250,000

**Designated States:**

AR, CA, CT, GA, IA, IL, KY, MD, ME, MI, MO, MN, NC,  
NH, NJ, NV, NY, PA, SC, TN, TX, VA, VT

**Coverage Extensions:**

- Other States Coverage
- Voluntary Compensation Endorsement
  - State of Hire
  - All Employees
- Stop Gap Liability
- Extended Protection Endorsement – Monopolistic State, Territories and Provinces Workers' Compensation – WC 99 03 04A
- Waiver of Subrogation – Blanket – WC 00 03 13
- Voluntary Maritime Coverage Endorsement

- **Foreign Voluntary Workers' Compensation**
  - All Employees/Anywhere in the World/State of Hire
  - To include Endemic Disease
  - To include Repatriation @ \$50,000

**FOREIGN LIABILITY**  
**SUMMARY**

**Named Insured:**

Mestek, Inc. and any subsidiary, associated or allied company, corporation, firm, organization, and Mestek, Inc.'s interest in any partnership or joint venture in which Mestek, Inc. has management control or ownership as now constituted or hereafter is acquired, as the respective interest of each may appear; all hereafter referred to as the "Insured", including legal representatives

**Mailing Address:**

260 North Elm Street  
Westfield, MA 01085

**Effective Date:**

October 1, 2002 – October 1, 2003

**Insurance Company:**

ACE – ACE American Insurance Co.

**Policy Number:**

PHF051693

**Policy Territory:**

Worldwide

**Commercial General Liability**

**Limits:**

\$1,000,000	Each Occurrence
\$2,000,000	Products/Completed Operations
Aggregate	
\$1,000,000	Personal/Advertising Injury Aggregate
\$1,000,000	Each Occurrence
\$1,000,000	Premises Damage Liability
\$25,000	Medical Expense – each person
\$1,000,000	Employee Benefits Liability – each claim
\$2,000,000	Employee Benefits Liability - aggregate

**Coverage Extensions:**

- Vendors Coverage
  - All Vendors of the Insured pursuant to written or oral agreement
  - All products All products manufactured/distributed by the Named Insured
- Blanket Waiver of Subrogation where insured has agreed either by oral or written contract.
- Amendment of Pollution Exclusion – exception for Building Heating Equipment included – to apply w/it both premises and products
- Any Pollution Exclusion deleted with respect to Products

### **Automobile Liability**

**Limits:** \$1,000,000 Each Occurrence CSL  
\$25,000 Medical Expense

### **Coverage Extensions:**

- To apply to Owned, Hired and Non-Owned Autos on Excess and DIC basis
- Hired Car Liability - "if any"
- Employer's Non-Ownership Liability
  - Extended to include Employees as Additional Insureds

### **Employers' Liability/Employers' Responsibility**

#### **Limits:**

#### **Voluntary Workers Compensation**

North Americans: Statutory – State of Hire  
Third Country Nationals: Statutory – Country of Workplace  
Local Nationals: Statutory – Country of Workplace

Repatriation: \$50,000

Executive Assistance: \$250,000

Employers Liability: \$1,000,000 BI by Accident  
\$1,000,000 BI by Disease – each employee  
\$1,000,000 BI by Disease – policy limit

### **Coverage Extensions:**

Endemic Disease  
Executive Assistance

# **Employment Practices Liability Insurance**

## **Summary**

**Named Insured:** Mestek, Inc. and any subsidiary, associated or allied company, corporation, firm, organization, and Mestek, Inc.'s interest in any partnership or joint venture in which Mestek, Inc. has management control or ownership as now constituted or hereafter is acquired, as the respective interest of each may appear; all hereafter referred to as the "Insured", including legal representatives.

**Mailing Address:** 280 North Elm St.  
Westfield, MA 01880-6210

**Term:** March 3, 2003 – March 3, 2004

**Insurance Company:** Federal Insurance Company

**Policy Number:** 8169-0811

**Limits of Liability:** \$3,000,000 each claim  
\$3,000,000 Annual aggregate all claims

**Retention:** \$250,000 each and every claim

**Insured Percentage:** 100% of Loss and Defense Expenses excess of the Retention

**Coverage:** Claims Made Form  
Pay on behalf of the Insured Loss and expenses for Employment Practices Wrongful Acts

**Continuity Date:** March 3, 1999

**Coverage Amendments:**

- A - Claims Reporting - Mestek has the right to handle claims up to \$100,000 prior to reporting to the insurance company.
- B - Spousal Extension
- C - Extend to include employees (3) of UK associated company.

## **EMPLOYED LAWYERS LIABILITY**

**Named Insured:** Mestek, Inc.

**Mailing Address:** 260 North Elm Street  
Westfield, MA 01085

**Effective Date:** October 1, 2002 – October 1, 2003

**Insurance Company:** Executive Risk Specialty

**Policy Number:** 8170-2142

**Limits:** \$1,000,000 Per Claim and in the aggregate  
\$200,000 Defense Sub-limit  
Inclusive of defense costs, charges and expenses

**Policy Form:** Claims Made

**Endorsements:**

- Service or Suit
- Right to Select Defense Council
- Definition of Insured includes Deborah Strong and Robert Dewey
- Amended Definition of "Subsidiary"
- Extends Coverage to Paralegal Assistance
- Professional Services
- American Corporation Counsel Association
- Amended Definition of Wrongful Act

**FIDUCIARY LIABILITY & CRIME COVERAGE**  
**SUMMARY**

**Named Insured:** Mestek, Inc. and any subsidiary, associated or allied company, corporation, firm, organization, and Mestek, Inc.'s interest in any partnership or joint venture in which Mestek, Inc. has management control or ownership as now constituted or hereafter is acquired, as the respective interest of each may appear; all hereafter referred to as the "Insured", including legal representatives.

**Mailing Address:** 250 North Elm Street  
Westfield, MA 01085

**Effective Date:** October 29, 2002 – October 29, 2003

**Insurance Company:** Federal Insurance Company (CHUBB)

**Policy Number:** 8137-71-04

**Fiduciary Liability**

**Limits of Liability:** Clause (A) Fiduciary Liability:  
\$2,000,000 Each Claim  
\$2,000,000 Aggregate  
Clause (B) Voluntary Settlement Program:  
\$500,000

**Deductibles:** None                      Clause (A)  
\$2,500                          Clause (B)

**Pending or Prior Litigates Dates:** 10/29/96                      Clause (A)  
10/29/96                      Clause (B)

**Terms and Conditions:** Defense Outside the Limits of Liability  
Amend the Definition of Insured to include the following Persons:  
John T. Garrod – Agent for Omega Flex Ltd.  
Ellen M. Hogg – Agent for Omega Flex Ltd.  
Jean Ciennelli – Agent for Omega Flex Ltd.

**Crime Coverage**

**Limits of Liability:**

\$1,500,000	Employee Theft	Clause (A)
\$1,500,000	Forgery	Clause (D)
\$1,500,000	Computer Fraud	Clause (E)
\$1,500,000	Funds Transfer Fraud	Clause (F)
\$100,000	Credit Card Fraud	Clause (H)
\$25,000	Clauses (A, D, E and F)	
\$5,000	Clause (H)	

**Deductibles:**

**Terms and Conditions:**

Amend the Definition of Insured to include the following Persons:

John T. Garrod – Agent for Omega Flex Ltd.  
Eileen M. Hogg – Agent for Omega Flex Ltd.  
Jean Clennell – Agent for Omega Flex Ltd.



## **UMBRELLA**

## **SUMMARY**

**Named Insured:**

Mestek, Inc. and any subsidiary, associated or allied company, corporation, firm, organization, and Mestek, Inc.'s interest in any partnership or joint venture in which Mestek, Inc. has management control or ownership as now constituted or hereafter is acquired, as the respective interest of each may appear, all hereafter referred to as the "Insured", including legal representatives.

**Mailing Address:**

260 North Elm Street  
Westfield, MA 01085

**Effective Date:**

June 27, 2002 – October 9, 2003

**Insurance Company:**

Lexington Insurance Company

**Policy Number:**

4013385

**Terms and Conditions:**

Follow form excess over Lexington Insurance Company.

**Limits of Liability:**

\$25,000,000 Each Occurrence

\$25,000,000 Annual Aggregate Limit Excess of

\$10,000,000 Each Occurrence/Aggregate SIR  
Allocated Loss Expenses will erode  
the SIR Aggregate

**Retained Limit:**

\$10,000.

**Terms and Conditions:**

Following Form:

Employers Liability

Automobile

**Terms and Conditions (Cont'd):**

**Specific Exclusions:**

Professional Liability  
Aircraft Products & Grounding

Intellectual Property

Occupational Disease

Lead Contamination

## **EXCESS UMBRELLA LIABILITY**

### **SUMMARY**

**Named Insured:**

Mestek, Inc. and any subsidiary, associated or allied company, corporation, firm, organization, and Mestek, Inc.'s interest in any partnership or joint venture in which Mestek, Inc. has management control or ownership as now constituted or hereafter is acquired, as the respective interest of each may appear; all hereafter referred to as the "Insured", including legal representatives.

**Mailing Address:**

260 North Elm Street  
Westfield, MA 01085

**Effective Date:**

June 27, 2002 - October 9, 2003

**Insurance Company:**

ARCH Insurance Company

**Policy Number:**

12UXP1401000

**Limits of Liability:**

\$15,000,000  
Excess of \$35,000,000

**Terms and Conditions:**

Follow form excess over Lexington Insurance Company.