



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/30/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to 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).

PRODUCER MARSH USA, INC. 20 CHURCH STREET, 8TH FLOOR HARTFORD, CT 06103	CONTACT NAME: PHONE (A/C, No. Ext): FAX (A/C, No): E-MAIL ADDRESS:
CN102330498-ALL-EOCyb-21-22	INSURER(S) AFFORDING COVERAGE INSURER A : Steadfast Insurance Company
INSURED HUBBELL INCORPORATED 40 WATERVIEW DRIVE PO BOX 1000 SHELTON, CT 06484-1000	NAIC # 26387
	INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :

COVERAGES

CERTIFICATE NUMBER:

NYC-011214266-04

REVISION NUMBER: 2

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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG \$ \$ \$ \$ \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) \$ \$ \$ \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE AGGREGATE \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT \$ \$ \$
A	Tech E&O/Cyber Risk			EOC 3104941 - 03	11/01/2021	11/01/2022	LIMITS 10,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

CANCELLATION

HUBBELL INCORPORATED 40 WATERVIEW DRIVE PO BOX 1000 SHELTON, CT 06484-1000	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE <i>Marsh USA Inc.</i>

© 1988-2016 ACORD CORPORATION. All rights reserved.



ADDITIONAL REMARKS SCHEDULE

Page 2 of 3

AGENCY MARSH USA, INC.		NAMED INSURED HUBBELL INCORPORATED 40 WATERVIEW DRIVE PO BOX 1000 SHELTON, CT 06484-1000
POLICY NUMBER		
CARRIER	NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
 FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

The Tech E&O/Cyber Risk policy evidenced above is subject to self-insured retentions/deductibles for various perils covered.

HUBBELL INCORPORATED (US SUBSIDIARY LIST)

Aclara Technologies, LLC
 Aclara Smart Grid Solutions, LLC
 Aclara Meters, LLC
 Aclara International, LLC
 Aclara International Holdings, Inc.
 Armorcast Products Company, Inc. (Effective 12/30/2020)
 Arrow Consolidated Corporation
 Beckwith Electric Co, Inc. (Effective 12/21/2020)
 Burndy Americas Inc.
 Burndy LLC
 Burndy Technology LLC
 Columbia Lighting Properties, Inc.
 Connector Assembly, Ltd.
 Connector Manufacturing Company
 Eco-Plus, LLC
 Electric Motion Company, Inc.
 Fargo Mfg. Company, Inc.
 GAI-Tronics Corporation
 Gleason Reel Corporation
 Greenjacket Inc.
 Harvey Hubbell Incorporated
 Hipotronics, Inc.
 Hubbell Distribution, Inc.
 Hubbell Entertainment, Inc.
 Hubbell Finance LLC
 Hubbell Incorporated
 Hubbell Incorporated (Delaware)
 Hubbell Industrial Controls, Inc.
 Hubbell International, LLC
 Hubbell Lenoir City, Inc.
 Hubbell Lighting, Inc.
 Hubbell Operations, LLC
 Hubbell Plastics, Inc.
 Hubbell Power Systems, Inc.
 Hubbell Switch Holding Co., Inc.
 HUBS, Inc.
 iDevice LLC
 Kurt Versen Inc.
 KV Holding Co., Inc.
 Litecontrol Corporation
 Lighting Corporation of America
 Meter Readings Holding, LLC
 Meramec Instrument Transformer Company

**ADDITIONAL REMARKS SCHEDULE**Page 3 of 3

AGENCY MARSH USA, INC.		NAMED INSURED HUBBELL INCORPORATED 40 WATERVIEW DRIVE PO BOX 1000 SHELTON, CT 06484-1000
POLICY NUMBER		
CARRIER	NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,****FORM NUMBER:** 25 **FORM TITLE:** Certificate of Liability Insurance

Newco Condenser, Inc.
Newco Lighting, Inc.
PCORE Electric Company, Inc.
Progress Lighting Properties, Inc.
Progress Lighting, Inc.
Progressive Lighting, Inc. (North Carolina)
Progressive Lighting, Inc. (South Carolina)
Reliaguard Inc.
R.W. Lyall & Company, Inc.
State Street Corp.
Versen Holdings, Inc.
Wepawaug Development, LLC



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
09/21/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION IS WAIVED**, subject to 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).

PRODUCER MARSH USA, INC. 20 CHURCH STREET, 8TH FLOOR HARTFORD, CT 06103 Attn: Hartford.certrequest@Marsh.com CN102330498-STND-GAW-21-22	CONTACT NAME: PHONE (A/C, No. Ext): FAX (A/C, No): E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE INSURER A : Liberty Mutual Fire Insurance Company INSURER B : LM Insurance Corporation INSURER C : Liberty Insurance Corporation INSURER D : INSURER E : INSURER F :
INSURED HUBBELL INCORPORATED 40 WATERVIEW DRIVE PO BOX 1000 SHELTON, CT 06484-1000	NAIC # 23035 33600 42404

COVERAGES

CERTIFICATE NUMBER:

NYC-010318645-16

REVISION NUMBER: 4

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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			TB2-611-004212-291	10/01/2021	10/01/2022	EACH OCCURRENCE \$ 5,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 5,000,000 GENERAL AGGREGATE \$ 10,000,000 PRODUCTS - COMP/OP AGG \$ 10,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			AS2-611-004212-251	10/01/2021	10/01/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 5,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N <input checked="" type="checkbox"/> N	N / A	WA5-61D-004212-211 (AOS) WC5-611-004212-351 (WI) WA7-61D-004212-461 (MA)	10/01/2021 10/01/2021 10/01/2021	10/01/2022 10/01/2022 10/01/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 2,000,000 E.L. DISEASE - EA EMPLOYEE \$ 2,000,000 E.L. DISEASE - POLICY LIMIT \$ 2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
CERTIFICATE HOLDER IS/ARE INCLUDED AS ADDITIONAL INSURED (EXCEPT WORKERS COMPENSATION) WHERE REQUIRED BY WRITTEN CONTRACT.

CERTIFICATE HOLDER

CANCELLATION

City of Hollywood 2600 Hollywood Boulevard Hollywood, FL 33020	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE <i>Marsh USA Inc.</i>
--	--

© 1988-2016 ACORD CORPORATION. All rights reserved.



ADDITIONAL REMARKS SCHEDULE

Page 2 of 3

AGENCY MARSH USA, INC.		NAMED INSURED HUBBELL INCORPORATED 40 WATERVIEW DRIVE PO BOX 1000 SHELTON, CT 06484-1000
POLICY NUMBER		
CARRIER	NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
 FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

HUBBELL INCORPORATED (US SUBSIDIARY LIST)

Aclara Technologies, LLC
 Aclara Smart Grid Solutions, LLC
 Aclara Meters, LLC
 Aclara International, LLC
 Aclara International Holdings, Inc.
 Armorcast Products Company, Inc.
 Arrow Consolidated Corporation
 Beckwith Electric Co, Inc.
 Burndy Americas Inc.
 Burndy LLC
 Burndy Technology LLC
 Columbia Lighting Properties, Inc.
 Connector Assembly, Ltd.
 Connector Manufacturing Company
 Eco-Plus, LLC
 Electric Motion Company, Inc.
 Fargo Mfg. Company, Inc.
 GAI-Tronics Corporation
 Gleason Reel Corporation
 Greenjacket Inc.
 Harvey Hubbell Incorporated
 Hipotronics, Inc.
 Hubbell Distribution, Inc.
 Hubbell Entertainment, Inc.
 Hubbell Finance LLC
 Hubbell Incorporated
 Hubbell Incorporated (Delaware)
 Hubbell Industrial Controls, Inc.
 Hubbell International, LLC
 Hubbell Lenoir City, Inc.
 Hubbell Lighting, Inc.
 Hubbell Operations, LLC
 Hubbell Plastics, Inc.
 Hubbell Power Systems, Inc.
 Hubbell Switch Holding Co., Inc.
 HUBS, Inc.
 iDevice LLC
 Kurt Versen Inc.
 KV Holding Co., Inc.
 Litecontrol Corporation
 Lighting Corporation of America
 Meter Readings Holding, LLC
 Meramec Instrument Transformer Company
 Newco Condenser, Inc.
 Newco Lighting, Inc.
 PCORE Electric Company, Inc.



ADDITIONAL REMARKS SCHEDULE

AGENCY MARSH USA, INC.		NAMED INSURED HUBBELL INCORPORATED 40 WATERVIEW DRIVE PO BOX 1000 SHELTON, CT 06484-1000
POLICY NUMBER		
CARRIER	NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
 FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Progress Lighting Properties, Inc.
 Progress Lighting, Inc.
 Progressive Lighting, Inc. (North Carolina)
 Progressive Lighting, Inc. (South Carolina)
 Reliaguard Inc.
 R.W. Lyall & Company, Inc.
 State Street Corp.
 Versen Holdings, Inc.
 Wepawaug Development, LLC