CERTIFICATE OF INSURANCE

THIS CERTIFICATE OF INSURANCE NEITHER AFFIRMATIVELY NOR NEGATIVELY AMENDS, EXTENDS OR ALTERS THE COVERAGE AFFORDED BY ANY POLICY DESCRIBED HEREIN.

[X] UNITED STATES FIRE INSURANCE COMPANY
THE NORTH RIVER INSURANCE COMPANY
WESTCHESTER FIRE INSURANCE COMPANY
INTERNATIONAL INSURANCE COMPANY

THIS IS TO CERTIFY TO MONSANTO INDUSTRIAL CHEMICALS CO.
(NAME OF CERTIFICATE - HOLDER)

OF _____
(ADDRESS OF CERTIFICATE-HOLDER)

THAT ON THE DATE BELOW THE FOLLOWING DESCRIBED INSURANCE POLICIES, ISSUED BY THIS COMPANY, ARE IN FULL FORCE AND EFFECT:

INSURED'S NAME: KUHLMAN CORPORATION (313) 646-7400
ADDRESS: P.O. BOX 288
CITY & STATE: BIRMINGHAM, MICHIGAN

THE POLICIES INDICATED HEREIN APPLY WITH RESPECT TO THE HAZARDS AND FOR THE COVERAGES AND LIMITS OF LIABILITY INDICATED BY SPECIFIC ENTRY HEREIN, SUBJECT TO ALL THE TERMS OF SUCH POLICIES.

HAZARDS	POLICY NUMBER	EFFECTIVE DATE	EXPIRATION DATE	COVERAGES AND LIMITS OF LIABILITY			
				BODILY INJURY LIABILITY		PROPERTY DAMAGE LIABILITY	
				each person	each occurrence	each occurrence	aggregate
OWNERS' OPERATIONS				$ .000	$ .000	$ .000	$ .000
ELEVATORS				$ .000	$ .000	$ .000	XXXX
INDEPENDENT CONTRACTORS				$ .000	$ .000	$ .000	$ .000
PRODUCTS - COMPLETED OPERATIONS				$ .000	$ .000	$ .000	$ .000
				AGGREGATE:	$ .000	XXXX	XXXX
CONTRACTUAL AS DESCRIBED BELOW				$ .000	$ .000	$ .000	$ .000
AUTOMOBILE LIABILITY OWNED AUTOMOBILES				$ .000	$ .000	$ .000	XXXX
HIRED AUTOMOBILES				$ .000	$ .000	$ .000	XXXX
NON-OWNED AUTOMOBILES				$ .000	$ .000	$ .000	XXXX
WORKMEN'S COMPENSATION AND EMPLOYERS' LIABILITY				COMPENSATION-STATUTORY			
				EMPLOYERS' LIABILITY - $ .000			
UMBRELLA LIABILITY	DCL536325	1-31-72	12-31-72	$ 10,000,000			

LOCATION AND DESCRIPTION OF OPERATIONS, AUTOMOBILES, CONTRACTS. CONTRACTUAL LIABILITY - (INDICATE TYPE OF AGREEMENT, PARTY AND DATE).

Should any of the above described policies be cancelled before the normal expiration date thereof, the Company will endeavor to give written notice to the above Named Certificate-holder, but failure to give such notice shall impose no obligation or liability of any kind upon the Company.

DETROIT INSURANCE AGENCY

DATE: 1-31-72

BY _____
AUTHORIZED REPRESENTATIVE

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