



## CORPORATE FACT SHEET

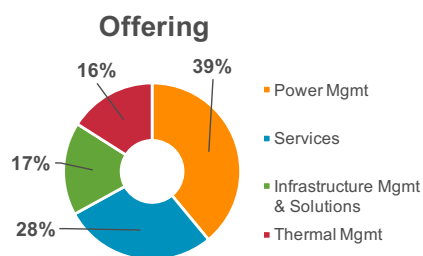


# Empowering Vital Applications For a Digital World

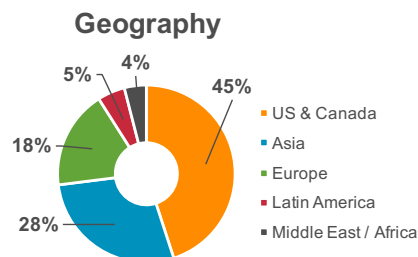
## WHO WE ARE

Vertiv designs, builds and services critical infrastructure that enables vital applications for data centers, communication networks and commercial and industrial facilities. We support today's growing mobile and cloud computing markets with a portfolio of power, thermal and infrastructure management solutions.

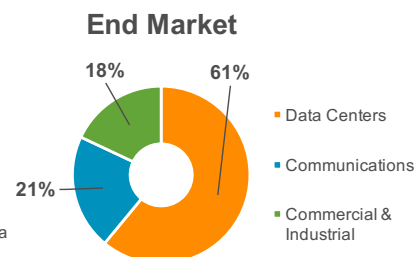
We offer unsurpassed global scale and broad expertise, built from our heritage as Emerson Network Power. And now as Vertiv, we match industry leadership with the focus and spirit of a startup.



Broad range of power, thermal and infrastructure management portfolio



Global, well-established footprint and supply-chain network



Serve vital applications in data centers, communication networks and commercial/industrial environments

## KEY FACTS



**STATUS**  
Privately held



**REVENUE**  
USD 4.4 billion  
(fiscal 2016, as Emerson Network Power)



**HEADQUARTERS**  
**Global:** Columbus, Ohio, USA  
**Regional:** China, India, Philippines, United Kingdom



**LEADERSHIP**  
Rob Johnson,  
President and CEO



**EMPLOYEES**  
~20,000  
worldwide



**MAJOR CUSTOMERS**  
America Movil, Apple, AT&T, China Mobile, Ericsson, Facebook, Microsoft, Reliance, Verizon

## OUR VISION

We seek to help our customers create a world where critical technologies always work

## OUR GLOBAL PRESENCE

Meeting Our Customer Wherever They Are

### US AND CANADA

Manuf. and assembly locations **13**  
Service Centers **80+**  
Service Field Engineers **965+**  
Technical Support/Response **145+**  
Customer Experience Centers/Labs **5**

### GLOBAL PRESENCE

Manuf. and assembly locations **28**  
Service Centers **255+**  
Service Field Engineers **3,135+**  
Technical Support/Response **415+**  
Customer Experience Centers/Labs **14**

### EUROPE, MIDDLE EAST AND AFRICA

Manuf. and assembly locations **9**  
Service Centers **60+**  
Service Field Engineers **535+**  
Technical Support/Response **100+**  
Customer Experience Centers/Labs **4**

### LATIN AMERICA

Manuf. and assembly locations **1**  
Service Centers **15+**  
Service Field Engineers **535+**  
Technical Support/Response **100+**  
Customer Experience Centers/Labs **2**

### ASIA PACIFIC

Manuf. and assembly locations **5**  
Service Centers **95+**  
Service Field Engineers **945+**  
Technical Support/Response **75+**  
Customer Experience Centers/Labs **3**

## OUR FLAGSHIP BRANDS

### ASCO®

Our global critical power switching, control and management solutions, engineered to the most demanding specifications, ensure power, reliability, compliance and efficiency.

### Chloride®

Our global industrial power solutions meet the most demanding technical specifications and provide safe, reliable power – no matter the challenge.

### Liebert®

Our global power and thermal management solutions are some of the world's most efficient and reliable power and cooling technologies.

### NetSure™

Our global, intelligently engineered power systems deliver high availability, energy efficiency and scalability for converged networks.

### Trellis™

Our industry leading software gives customers an integrated view of operations across IT and facilities resources, enabling better decisions that save time and money.



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VERTIVCO.COM





# SERVICES TERMS AND CONDITIONS

Vertiv Services, Inc. is herein referred to as the "Seller" and the customer or person or entity purchasing services ("Services") and parts required for Services ("Parts") from Seller is referred to as the "Buyer." These Services Terms and Conditions, any price list or schedule, quotation, acknowledgment, Seller's scope of work, or invoice from Seller relevant to the provision of Services and all documents incorporated by specific reference herein or therein, constitute the complete and exclusive statement of the terms of this agreement ("Agreement") governing the sale of Services and Parts by Seller to Buyer. Any discrepancies between the terms of the above referenced documents shall be resolved by Seller. Seller's acceptance of Buyer's purchase order is expressly conditional on Buyer's assent to all of the terms of this Agreement, including terms and conditions that are different from or additional to the terms and conditions of Buyer's purchase order. Buyer's acceptance of the Services and Parts will manifest Buyer's assent to the terms of this Agreement. Seller reserves the right in its sole discretion to refuse orders.

1. **PRICES:** Unless otherwise specified in writing by Seller, the price quoted or specified by Seller for the Services shall remain in effect for thirty (30) days after the date of Seller's quotation, Seller's scope of work or acknowledgment of Buyer's order for the Services, whichever occurs first, provided an unconditional authorization from Buyer for the performance of the Services is received and accepted by Seller within such time period. If authorization is not received by Seller within such thirty (30) day period, Seller shall have the right to change the price for the Services. All prices are exclusive of taxes, which are to be borne by Buyer. Unless otherwise specified by Seller, Parts will be furnished at Seller's then prevailing prices.

2. **TAXES:** Any current or future tax or governmental charge (or increase in same) affecting Seller's costs of Services or costs of production, sale, delivery or shipment of Parts, or which Seller is otherwise required to pay or collect in connection with the provision of Services and Parts, shall be for Buyer's account and shall be added to the price or billed to Buyer separately, at Seller's election.

3. **TERMS OF PAYMENT:** Unless otherwise specified by Seller, terms of payment are net 30 days from date of Seller's invoice. Seller shall have the right, among other remedies, either to terminate this Agreement or to suspend further performance under this Agreement and/or other agreements with Buyer in the event Buyer fails to make any payment when due, which other agreements Buyer and Seller hereby amend accordingly. Buyer shall be liable for all expenses, including attorneys' fees, relating to the collection of past due amounts. If any payment owed to Seller is not paid when due, it shall bear interest, at a rate to be determined by Seller, which shall not exceed the maximum rate permitted by law, from the date on which it is due until it is paid. Seller may preserve its interests in payment by enforcing any applicable mechanic's, construction or similar lien rights. Should Buyer's financial responsibility become unsatisfactory to Seller, cash payments or security satisfactory to Seller may be required by Seller for future performance of Services or provision of Parts. If such cash payment or security is not provided, in addition to Seller's other rights and remedies, Seller may discontinue performance of Services and provision of Parts. All purchases paid by credit card shall be charged a 2.0% usage surcharge of the invoice total, for fees paid by Seller to accept credit card transactions.

4. **SHIPMENT AND DELIVERY:** While Seller will use all reasonable commercial efforts to maintain the performance dates acknowledged or quoted by Seller, all performance dates are approximate and not guaranteed. Seller, at its option, shall not be bound to tender delivery of any Parts for which Buyer has not provided shipping instructions and other required information. If the provision of Services or shipment of the Parts is postponed or delayed by Buyer for any reason, Buyer agrees to reimburse Seller for any and all storage costs and other additional expenses resulting therefrom. Unless otherwise specified by Seller, for sales of Parts in which the end destination of the Parts is outside of the United States, risk of loss and legal title to the Parts shall transfer to Buyer immediately after the Parts have passed beyond the territorial limits of the United States. For all other shipments, risk of loss and legal title shall pass from Seller to Buyer upon delivery to and receipt by carrier at Seller's shipping point. Notwithstanding the above, risk of loss and legal title to Parts shall transfer to Buyer (i) when delivered by the individual providing the Services, or (ii) at the time Parts are placed in storage due to Buyer's delay or postponement. Any claims for shortages or damages suffered in transit are the responsibility of Buyer and shall be submitted by Buyer directly to the carrier. Shortages or damages must be identified and signed for at the time of delivery.

5. **LIMITED WARRANTY:** Subject to the limitations of Section 6, Seller warrants that it will perform the Services as described in this Agreement and will exercise all reasonable skill, care and due diligence in the performance of the Services and shall perform the Services in accordance with professional practice. Seller warrants that all Services performed shall be free from faulty workmanship for a period of thirty (30) days from completion of Services. To the extent assignable, Seller assigns to Buyer any warranties that are made by manufacturers and suppliers of Parts. EXCEPT AS SPECIFIED ABOVE, PARTS FURNISHED HEREUNDER ARE FURNISHED AS-IS, WHERE-IS, WITH NO WARRANTY WHATSOEVER. THE WARRANTIES SET FORTH IN THIS SECTION 5 ARE THE SOLE AND EXCLUSIVE WARRANTIES GIVEN BY SELLER WITH RESPECT TO THE SERVICES AND PARTS AND ARE IN LIEU OF AND EXCLUDE ALL OTHER WARRANTIES, EXPRESS OR IMPLIED, ARISING BY OPERATION OF LAW OR OTHERWISE, INCLUDING WITHOUT LIMITATION, MERCHANTABILITY AND FITNESS FOR A PARTICULAR PURPOSE WHETHER OR NOT THE PURPOSE OR USE HAS BEEN DISCLOSED TO SELLER IN SPECIFICATIONS, DRAWINGS OR OTHERWISE.

This warranty does not extend to any losses or damages due to misuse, accident, abuse, neglect, normal wear and tear, negligence (other than Seller's), unauthorized modification or alteration, use beyond rated capacity, unsuitable power sources or environmental conditions, improper installation, repair, handling, maintenance or application or any other cause not the fault of Seller. To the extent that Buyer or its agents have supplied specifications, information, representation of operating conditions or other data to Seller that is used in (i) the selection of the Services and/or Parts and (ii) the preparation of Seller's quotation and/or scope of work, and in the event that actual operating conditions or other conditions differ from those represented by Buyer, any warranties or other provisions contained herein that are affected by such conditions shall be null and void.

Buyer assumes all other responsibility for any loss, damage, or injury to persons or property arising out of, connected with, or resulting from the use of Services or Parts, either alone or in combination with other parts.

6. **LIMITATION OF REMEDY AND LIABILITY:** THE SOLE AND EXCLUSIVE REMEDY FOR BREACH OF ANY WARRANTY HEREUNDER SHALL BE LIMITED TO, AT SELLER'S SOLE OPTION, EITHER CORRECT PERFORMANCE FOR THAT PORTION OF THE SERVICES FOUND BY SELLER TO BE DEFECTIVE OR REFUND OF THE PRICE PAID FOR SERVICES.

SELLER SHALL NOT BE LIABLE FOR DAMAGES CAUSED BY DELAY IN PERFORMANCE AND THE REMEDIES OF BUYER SET FORTH IN THIS AGREEMENT ARE EXCLUSIVE. IN NO EVENT, REGARDLESS OF THE FORM OF THE CLAIM OR CAUSE OF ACTION (WHETHER BASED IN CONTRACT, INFRINGEMENT, NEGLIGENCE, STRICT LIABILITY, OTHER TORT OR OTHERWISE), SHALL SELLER'S LIABILITY TO BUYER AND/OR ITS CUSTOMERS EXCEED THE PRICE PAID BY BUYER FOR THE SPECIFIC SERVICES OR PARTS PROVIDED BY SELLER GIVING RISE TO THE CLAIM OR CAUSE OF ACTION.

BUYER AGREES THAT SELLER'S LIABILITY TO BUYER AND/OR ITS CUSTOMERS SHALL NOT EXTEND TO INCLUDE INCIDENTAL, CONSEQUENTIAL OR PUNITIVE DAMAGES. The term "consequential damages" shall include, but not be limited to, loss of anticipated profits, business interruption, loss of use, revenue, reputation and data, costs incurred, including without limitation, for capital, fuel, power and loss or damage to property or equipment.

It is expressly understood that any technical advice furnished by Seller with respect to the use of the Parts and/or Services is given without charge, and Seller assumes no obligation or liability for the advice given, or results obtained, all such advice being given and accepted at Buyer's risk.

7. **INSURANCE:** Seller shall maintain the following insurance or self-insurance coverage: **Worker's Compensation** in accordance with the statutory requirements of the state in which the work is performed. **Employer's Liability** with a limit of liability of \$2,000,000 per occurrence for bodily injury by accident or bodily injury by disease. **Commercial General Liability (CGL)** for bodily injury and property damage with a limit of \$2,000,000 per occurrence and aggregate. **Automobile Liability** insurance that covers usage of all owned, non-owned and leased vehicles and which is subject to a combined single limit per occurrence of \$2,000,000. Automobile Liability insurance includes Contractual Liability, but no special endorsements.

Buyer expressly acknowledges and agrees that Seller has set its prices and entered into this Agreement in reliance upon the limitations of liability, insurance coverage, and other terms and conditions specified herein, which allocate the risk between Seller and Buyer and form a basis of this bargain between the parties.

8. **EXCUSE OF PERFORMANCE:** Seller shall not be liable for delays in performance or for non-performance due to acts of God; war; epidemic; fire; flood; weather; sabotage; strikes or labor disputes; civil disturbances or riots; governmental requests, restrictions, allocations, laws, regulations, orders or actions; unavailability of or delays in transportation; default of suppliers; or unforeseen circumstances; acts or omissions of Buyer, including, without limitation, those specified in Section 19; or any events or causes beyond Seller's reasonable control. Performance of Services and deliveries of Parts may be suspended for an appropriate period of time or canceled by Seller upon notice to Buyer in the event of any of the foregoing, but the balance of this Agreement shall otherwise remain unaffected as a result of the foregoing. If Seller determines that its ability to supply the total demand for the Services or Parts or to obtain material used directly or indirectly in the manufacture of the Parts is hindered, limited or made impracticable due to causes set forth in the preceding paragraph, Seller may delay performance of Services or

allocate its available supply of the Parts among its purchasers on such basis as Seller determines to be equitable without liability for any failure of performance which may result therefrom.

9. **CANCELLATION:** Buyer may cancel orders only upon reasonable advance written notice and upon payment to Seller of Seller's cancellation charges which include, among other things, all costs and expenses incurred and to cover commitments made by the Seller, and a reasonable profit thereon. Seller's determination of such cancellation charges shall be conclusive.

10. **CHANGES:** Buyer may request changes or additions to the Services. In the event such changes or additions are accepted by Seller, Seller may revise the price and performance dates. Seller reserves the right to change designs and specifications for the Parts without prior notice to Buyer, except with respect to Parts being made-to-order for Buyer. Seller shall have no obligation to install or make such change in any Parts manufactured prior to the date of such change.

11. **NUCLEAR/MEDICAL: SERVICES AND PARTS SOLD HEREUNDER ARE NOT FOR USE IN CONNECTION WITH ANY NUCLEAR, MEDICAL, LIFE-SUPPORT AND RELATED APPLICATIONS.** Buyer accepts Services and Parts with the foregoing understanding, agrees to communicate the same in writing to any subsequent purchasers or users and to defend, indemnify and hold harmless Seller from any claims, losses, suits, judgments and damages, including incidental and consequential damages, arising from such use, whether the cause of action be based in tort, contract or otherwise, including allegations that the Seller's liability is based on negligence or strict liability.

12. **ASSIGNMENT:** Buyer shall not assign its rights or delegate its duties hereunder or any interest herein without the prior written consent of Seller, and any such assignment or delegation, without such consent, shall be void.

13. **INSPECTION:** Buyer shall have ten (10) days from the date of completion of each portion of the Services to inspect the Services, and in the event of any non-conformity, Buyer must give written notice to Seller within said period stating why the Services are not conforming. Failure by Buyer to give such notice constitutes unqualified acceptance of the Services.

14. **BILLABLE SERVICES:** Additional charges will be billed to Buyer at Seller's then prevailing labor rates for any of the following: a) any Services not specified in Seller's quotation, Seller's order acknowledgment, Seller's scope of work, or other documents referenced herein and therein; b) any Services performed at times other than Seller's normal service hours; c) if timely and reasonable site and/or equipment access is denied the Seller service representative; d) if it is necessary, due to local circumstances, to use union labor or hire an outside contractor, Seller Service personnel will provide supervision only and the cost of such union or contract labor will be charged to Buyer; (e) if Service or repair is necessary to return equipment to proper operating condition as a result of other than Seller (i) maintenance, repair, or modification (including, without limitation, changes in specifications or incorporation of attachments or other features), (ii) misuse or neglect, (including, without limitation, failure to maintain facilities and equipment in a reasonable manner), (iii) failure to operate equipment in accordance with applicable specifications, and (iv) catastrophe, accident, or other causes external to equipment; (f) Seller's performance is made more burdensome or costly as a result of Buyer's failure to comply with its obligations herein, or (g) any additional obligations or requirements, including but not limited to those related to insurance requirements, service delivery, building entry or technical training.

15. **DRAWINGS:** Seller's documentation, prints, and drawings ("Documents") (including without limitation, the underlying technology) furnished by Seller to Buyer in connection with this Agreement are the property of Seller and Seller retains all rights, including without limitation, exclusive rights of use, licensing and sale. Notwithstanding the foregoing, Buyer may use the Documents in connection with the Services and Parts.

16. **EXPORT/IMPORT:** Buyer agrees that all applicable import and export control laws, regulations, orders and requirements, including without limitation those of the United States, and the jurisdictions in which the Seller and Buyer are established or from which Services and Parts may be supplied, will apply to their receipt and use. In no event shall Buyer use, transfer, release, import, or export Parts in violation of such applicable laws, regulations, orders or requirements.

17. **NON-SOLICITATION:** Buyer shall not solicit, directly or indirectly, or employ any employee of Seller during the period any Services are being provided to Buyer and for a period of one (1) year after the last provision of Services.

18. **GENERAL PROVISIONS:** These Services Terms and Conditions supersede all other communications, negotiations and prior oral or written statements regarding the subject matter of these Services Terms and Conditions. No change, modification, rescission, discharge, abandonment, or waiver of these Services Terms and Conditions shall be binding upon the Seller unless made in writing and signed on its behalf by a duly authorized representative of Seller. No conditions, usage of trade, course of dealing or performance, understanding or agreement purporting to modify, vary, explain, or supplement this Agreement shall be binding unless hereafter made in writing and signed by the party to be bound, and no modification or additional terms shall be applicable to this Agreement by Seller's receipt, acknowledgment, or acceptance of purchase orders, shipping instruction forms, or other documentation containing terms at variance with or in addition to those set forth herein. Any such modifications or additional terms are specifically rejected and deemed a material alteration hereof. If this document shall be deemed an acceptance of a prior offer by Buyer, such acceptance is expressly conditional upon Buyer's assent to any additional or different terms set forth herein. Seller reserves the right to subcontract Services to others. No waiver by either party with respect to any breach or default or of any right or remedy, and no course of dealing, shall be deemed to constitute a continuing waiver of any other breach or default or of any other right or remedy, unless such waiver be expressed in writing and signed by the party to be bound. All typographical or clerical errors made by Seller in any quotation, acknowledgment or publication are subject to correction.

The validity, performance, and all other matters relating to the interpretation and effect of this Agreement shall be governed by the law of the state of Ohio without regard to its conflict of laws principles. Buyer and Seller agree that the proper venue for all actions arising in connection herewith shall be only in the county of Franklin, state of Ohio, and the parties agree to submit to such jurisdiction. No action, regardless of form, arising out of transactions relating to this contract, may be brought by either party more than two (2) years after the cause of action has accrued. The U.N. Convention on Contracts for the International Sales of Goods shall not apply to this Agreement.

19. **ADDITIONAL SERVICE CONDITIONS:** The Buyer shall furnish to Seller, at no cost, suitable working space, storage space, adequate heat, telephone, light, ventilation, regulated electric power and outlets for testing purposes. The facilities shall be within a reasonable distance from where the Services are to be provided. Seller and its representatives shall have full and free access to the equipment in order to provide the necessary Services. Buyer authorizes Seller to send a service technician or an authorized agent to access any site requested by Buyer to perform Services, including services on different scopes of work and equipment as requested by Buyer. Buyer shall provide the means to shut-off and secure electric power to the equipment and provide safe working conditions. Seller is under no obligation to remove or dispose of Parts or equipment unless specifically agreed upon in Seller's scope of work. Buyer shall immediately inform Seller, in writing, at the time of order placement and thereafter, of any unsafe or hazardous substance or condition at the site, including, but not limited to, the presence of asbestos or asbestos-containing materials, and shall provide Seller with any applicable Material Data Safety Sheets regarding the same. Any losses, costs, damages, claims and expenses incurred by Seller as a result of Buyer's failure to so advise Seller shall be borne by Buyer. Seller, in its sole discretion and without cost or penalty, reserves the right to cancel its performance under this Agreement or any order immediately upon written notice to Buyer following Seller discovery of unsafe or hazardous site substance or condition or any other circumstance altering Seller performance of Services. Buyer shall appoint a representative familiar with the site and the nature of the Services to be performed by Seller to be accessible at all times that Seller personnel are at the site. Seller shall not be liable for any expenses incurred by Buyer in removing, replacing or refurbishing any Buyer equipment or any part of Buyer's building structure that restricts Seller access. Buyer personnel shall cooperate with and provide all necessary assistance to Seller. Seller shall not be liable or responsible for any work performed by Buyer.

20. **INDEMNITY:** Each party shall indemnify and hold the other party harmless from loss, damage, liability or expense resulting from damage to personal property of a third party, or injuries, including death, to third parties to the extent caused by a negligent act or omission of the party providing indemnification or a party's subcontractors, agents or employees during performance of Services hereunder. Such indemnification shall be reduced to the extent damage or injuries are attributable to others. The indemnifying party shall defend the other party in accordance with and to the extent of the above indemnification, provided that the indemnifying party is: i) promptly notified by the other party, in writing, of any claims, demands or suits for such damages or injuries; ii) given all reasonable information and assistance by the other party; iii) given full control over any resulting negotiation, arbitration or litigation, including the right to choose counsel and settle claims, or the indemnifying party's obligations herein shall be deemed waived.



## Vertiv Services Information

### Vertiv Services, Inc.

610 Executive Campus Dr.  
Westerville, OH 43082-8870  
Phone: 614-841-6400

**24/7 National Customer Resolution Center:**  
[customerservicerequest@VertivCo.com](mailto:customerservicerequest@VertivCo.com)

Phone: 800-543-2378  
Fax: 614-841-6428

### Parent Company:

Vertiv Group Corporation  
1050 Dearborn Dr  
Columbus, OH 43229  
(614) 888-0246

### Vertiv Services

Liebert Corporation Started  
Date Incorporated  
State Incorporated in

1965  
10/14/1977  
Delaware

### Vertiv Field Services

6/1/1999  
Ohio

### Federal Tax ID

Vertiv Services	43-1798453
Vertiv Field Services	43-1811447
Vertiv Group Corporation	81-3496944

### Dun & Bradstreet No.

02 204 1318
02 527 0567
00 430 9647

### Cage Code

1MY11
3U8Z9
E4TU6

### Bank Account Information:

JPMorgan Chase Bank, N.A.  
300 S Riverside, 10th Floor, Suite IL1-0239  
Chicago, IL 60606  
Phone: 312-954-0058  
Fax: 312-212-5939  
Michael Astorino  
[Michael.Astorino@jpmchase.com](mailto:Michael.Astorino@jpmchase.com)

Routing (ACH ABA)  
Account No  
Depositor  
Type  
Swift Code  
Wire ABA  
ACH Remit To

071000013  
5098513  
Liebert Corporation  
Checking  
CHAS US 33XXX  
21000021  
[LBRT-CashApp@VertivCo.com](mailto:LBRT-CashApp@VertivCo.com)

### Remit to address:

Vertiv Services, Inc.  
PO Box 70474  
Chicago IL 60673-0001

### Fedex Remit to Address: (for overnite payments)

JP Morgan Chase  
Attn: Liebert 70474  
131 South Dearborn, 6th Floor  
Chicago IL 60603  
Federal Express Account#: 479909024

### Emerson Network Power Credit Contacts:

Lisa Hunt	Credit & Collections Supervisor
Tim Crandall	Credit & Collections Supervisor
Ingrid Rivera	Credit Supervisor
Toll-Free Dept Phone: 800-882-6474	

<a href="mailto:Lisa.Hunt@VertivCo.com">Lisa.Hunt@VertivCo.com</a>	614-841-6457
<a href="mailto:Tim.Crandall@VertivCo.com">Tim.Crandall@VertivCo.com</a>	614-841-7051
<a href="mailto:Ingrid.Rivera@VertivCo.com">Ingrid.Rivera@VertivCo.com</a>	614-807-3216
Department Fax: 866-216-2491	

### Tax Exempt Certificates & Tax Questions

Todd Springer
Louann Cook
Merritt Kimball

Tax Manager  
(A - L)  
(M - Z)

<a href="mailto:Todd.Springer@VertivCo.com">Todd.Springer@VertivCo.com</a>	614-841-6894
<a href="mailto:Louann.Cook@VertivCo.com">Louann.Cook@VertivCo.com</a>	614-841-6711
<a href="mailto:Merritt.Kimball@VertivCo.com">Merritt.Kimball@VertivCo.com</a>	614-841-6808

### Corporate Office Congressional District:

12th Congressional District

### Quality Control:

QC Method is ISO 9001/2008 registration/requirements  
Certificate No. CERT-0092260  
Expiration Date: September 14, 2018

### Last CCP Compliance Review:

July, 2002

### SIC Code:

3643

### NAICS Code:

238210  
238220

Current Carrying Wire Devices  
Electrical  
HVAC

## Vertiv Services Information

### LS Contract Administration:

Fax 614-841-6394

Nick Smith	Senior Corporate Counsel	<a href="mailto:Nicholas.P.Smith@VertivCo.com">Nicholas.P.Smith@VertivCo.com</a>	614-841-6540
Lori Nugen	Sr. Contract Administrator South/West Area	<a href="mailto:Lori.Nugen@VertivCo.com">Lori.Nugen@VertivCo.com</a>	614-841-2745
Derek Bricker	Contract Administrator South/West Area	<a href="mailto:Derek.Bricker@VertivCo.com">Derek.Bricker@VertivCo.com</a>	614-841-5837
Gary Seigerst	Sr. Contract Administrator East/Central Area	<a href="mailto:Gary.Seigerst@VertivCo.com">Gary.Seigerst@VertivCo.com</a>	614-841-2758
Stephanie Hamm	Contract Administrator East/Central Area	<a href="mailto:Stephanie.Hamm@VertivCo.com">Stephanie.Hamm@VertivCo.com</a>	614-841-6596

### Certificate of Insurance (COI) Requests:

Aon Risk Insurance Services West, Inc.

PH: 866-283-7122

Email COI Request to all: [acs.chicago@aon.com](mailto:acs.chicago@aon.com); [elissa.heiberger@aon.com](mailto:elissa.heiberger@aon.com); [connie.carver@aon.com](mailto:connie.carver@aon.com)

FX: 800-363-0105

### Certificate of Insurance (COI) Escalation:

LS Contract Administration

### Summary:

Vertiv is a global leader in designing, building and servicing mission-critical infrastructure technologies for the vital applications in data centers, communication networks and commercial and industrial environments.

### Security Clearance:

SECRET

### Total Net Sales - LS:

\$4.4B (fiscal 2016, as Emerson Network Power)

### Last 4 Years OSHA Statistics:

	<u>2016</u>	<u>2015</u>	<u>2014</u>	<u>2013</u>
Total OSHA Recordable Rate (TRIR):	1.08	0.82	0.98	1.67
Total Number of Fatalities:	0	0	0	0
Number of Lost Time Cases:	3	4	2	4
Lost Time Incident Rate (LTIR):	0.41	0.55	0.28	0.56
Number of Restricted Cases:	3	1	3	5
Total Number of Other Recordable Cases:	2	1	2	3
Total Number of Days Away From Work:	266	559	194	107
Days Away Restricted Time (DART):	0.41	0.68	0.69	1.25
Number of Days on Job Transfer or Restricted Work:	123	298	152	369
Annual Average Number of Employees:	722	706	695	680
Total Hours Worked:	1,484,438	1,469,398	1,441,080	1,442,687
Emerson Experience Modification Rate (EMR):	0.61	0.58	0.54	0.53

### Liebert Services Safety Contacts:

Fax 614-841-6466

Milana Le	EH&S Program Manager	<a href="mailto:Milana.Le@VertivCo.com">Milana.Le@VertivCo.com</a>	614-841-6376
Marcus Szabo	Safety Engineer	<a href="mailto:Marcus.Szabo@VertivCo.com">Marcus.Szabo@VertivCo.com</a>	614-841-6648

### Liebert Services Commercial Compliance Contact:

Dawn Bateman

Customer Compliance Specialist

Phone:

614-841-6329

Fax:

614-841-6320

E-Mail:

[LBRT-LSCompliance@VertivCo.com](mailto:LBRT-LSCompliance@VertivCo.com)

## Request for Taxpayer Identification Number and Certification

Give Form to the  
requester. Do not  
send to the IRS.

Print or type See Specific Instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <b>Vertiv Services, Inc.</b>	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification; check only <b>one</b> of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ <b>Note.</b> For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) <b>5</b> Exemption from FATCA reporting code (if any) <i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.) <b>610 Executive Campus Drive</b>	Requester's name and address (optional)
	6 City, state, and ZIP code <b>Westerville OH 43082</b>	
	7 List account number(s) here (optional)	

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Note.** If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

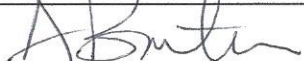
Social security number								
			-					
or								
Employer identification number								
4	3		-	1	7	9	8	4 5 3

### Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here	Signature of U.S. person ▶ 	Date ▶ <b>04/03/2017</b>
-----------	--	--------------------------

### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/fw9](http://www.irs.gov/fw9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.*

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.



**Tami Hayden**

Marsh USA Inc.  
Chase Tower  
111 Monument Circle, Floor 43  
Indianapolis, IN 46204  
+1 317 261 9317  
Tami.S.Hayden@marsh.com  
www.marsh.com

July 1, 2016

**Subject: Emerson Electric Co. and all subsidiaries  
Experience Modifications**

**Effective Date**

<b>07/01/2013</b>	<b>.53</b>
<b>07/01/2014</b>	<b>.54</b>
<b>07/01/2015</b>	<b>.58</b>
<b>07/01/2016</b>	<b>.61</b>

Sincerely,

A handwritten signature in dark ink, appearing to read 'Tami Hayden', with a long horizontal flourish extending to the right.

Tami Hayden



# CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)  
02/14/2017

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).

<b>PRODUCER</b> Aon Risk Insurance Services West, Inc. Los Angeles CA Office 707 Wilshire Boulevard Suite 2600 Los Angeles CA 90017-0460 USA	<b>CONTACT NAME:</b>	
	<b>PHONE (A/C. No. Ext):</b> (866) 283-7122	<b>FAX (A/C. No.):</b> (800) 363-0105
<b>INSURED</b> Vertiv Intermediate Holding II Corporation and all Subsidiary Companies 1050 Dearborn Avenue Columbus OH 43085 USA	<b>E-MAIL ADDRESS:</b>	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
	<b>NAIC #</b>	
	<b>INSURER A:</b> XL Insurance America Inc	24554
	<b>INSURER B:</b> XL Specialty Insurance Co	37885
	<b>INSURER C:</b> Greenwich Insurance Company	22322
	<b>INSURER D:</b> HDI Global Insurance Company	41343
<b>INSURER E:</b> Allianz Global Risks US Insurance Co.	35300	
<b>INSURER F:</b>		

Holder Identifier :

**COVERAGES****CERTIFICATE NUMBER:** 570065498940**REVISION NUMBER:**

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.

Limits shown are as requested

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
D	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> SIR Applies Per Policy <input checked="" type="checkbox"/> Terms & Conditions GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:			GLCD1440400	11/30/2016	11/30/2017	EACH OCCURRENCE \$2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 MED EXP (Any one person) Excluded PERSONAL & ADV INJURY \$2,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000
C	<b>AUTOMOBILE LIABILITY</b> <input checked="" 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			RAD5000483	11/30/2016	11/30/2017	COMBINED SINGLE LIMIT (Ea accident) \$2,000,000 BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION						EACH OCCURRENCE AGGREGATE
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	RWD3001212 (AOS) RWR3001213 (AK, WI)	11/30/2016	11/30/2017	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER
B					11/30/2016	11/30/2017	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)

RE: Emerson Network Power, Liebert Services, Inc., a Vertiv Company is a Named Insured.

Certificate No : 570065498940

**CERTIFICATE HOLDER****CANCELLATION**

Emerson Network Power Liebert Services, Inc. Attn: Law Department 610 Executive Campus Drive Westerville OH 43082 USA	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>Aon Risk Insurance Services West, Inc.</i>





# ADDITIONAL REMARKS SCHEDULE

Page \_ of \_

AGENCY Aon Risk Insurance Services West, Inc.		NAMED INSURED Vertiv Intermediate Holding II
POLICY NUMBER See Certificate Number: 570065498940		
CARRIER See Certificate Number: 570065498940	NAIC CODE	EFFECTIVE DATE:

## ADDITIONAL REMARKS

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

### Named Insured and Business Units

#### Named Insured

PE Vertiv Holdings, LLC  
 Vertiv JV Holdings, LLC  
 Vertiv Holdings, LLC  
 Vertiv Holding Corporation  
 Vertiv Intermediate Holding Corporation  
 Vertiv Intermediate Holding II Corporation  
 Vertiv Group Corporation

#### Business Units

Alber Corp., a Vertiv Company, is a named insured  
 ASCO Power Technologies, L.P., a Vertiv Company, is a named insured  
 ASCO Services, Inc., a Vertiv Company, is a named insured  
 Avocent Corporation, a Vertiv Company, is a named insured  
 Avocent Fremont, LLC, a Vertiv Company, is a named insured  
 Avocent Huntsville, LLC, a Vertiv Company, is a named insured  
 Avocent Redmond Corp., a Vertiv Company, is a named insured  
 Avocent Texas Corp., a Vertiv Company, is a named insured  
 Electrical Reliability Services, Inc., a Vertiv Company, is a named insured  
 Emerson Network Power Solutions, Inc., a Vertiv Company, is a named insured  
 Emerson Network Power, Energy Systems, North America, Inc., a Vertiv Company, is a named insured  
 Emerson Network Power, Liebert Services, Inc., a Vertiv Company, is a named insured  
 High Voltage Maintenance Corporation, a Vertiv Company, is a named insured  
 Liebert Corporation, a Vertiv Company, is a named insured  
 Liebert Field Services, Inc., a Vertiv Company, is a named insured  
 Liebert North America, Inc., a Vertiv Company, is a named insured  
 U P Systems, Incorporated, a Vertiv Company, is a named insured



**Bureau of Workers'  
Compensation**

30 W. Spring St.  
Columbus, OH 43215

**Certificate of Ohio Workers' Compensation**

This certifies that the employer listed below participates in the Ohio State Insurance Fund as required by law. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified. This certificate is only valid if premiums and assessments, including installments, are paid by the applicable due date. To verify coverage, visit [www.bwc.ohio.gov](http://www.bwc.ohio.gov), or call 1-800-644-6292.

This certificate must be conspicuously posted.

Policy number and employer  
80002251

Cortes NP Acquisition Corporation  
975 Pittsburgh Dr  
Delaware, OH 43015



Period specified below

01/05/2017 to  
07/01/2017

[www.bwc.ohio.gov](http://www.bwc.ohio.gov)

Issued by: 15/jlw

  
Administrator/CEO

You can reproduce this certificate as needed.

**Ohio Bureau of Workers' Compensation**

**Required Posting**

Effective Oct. 13, 2004, Section 4123.54 of the Ohio Revised Code requires notice of rebuttable presumption. Rebuttable presumption means an employee may dispute or prove untrue the presumption (or belief) that alcohol or a controlled substance not prescribed by the employee's physician is the proximate cause (main reason) of the work-related injury.

The burden of proof is on the employee to prove the presence of alcohol or a controlled substance was not the proximate cause of the work-related injury. An employee who tests positive or refuses to submit to chemical testing may be disqualified for compensation and benefits under the Workers' Compensation Act.



**Bureau of Workers'  
Compensation**

You must post this language with the Certificate of Ohio Workers' Compensation

# OSHA's Form 300A (Rev. 01/2004)

## Summary of Work-Related Injuries and Illnesses

All establishments covered by Part 1904 must complete this Summary page, even if no injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete

Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the log. If you had no cases write "0."

Employees former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR 1904.35, in OSHA's Recordkeeping rule, for further details on the access provisions for these forms.

### Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	3	3	2
(G)	(H)	(I)	(J)

### Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
266	123
(K)	(L)

### Injury and Illness Types

Total number of... (M)			
(1) Injury	8	(4) Poisoning	0
(2) Skin Disorder	0	(5) Hearing Loss	0
(3) Respiratory Condition	0	(6) All Other Illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form

Public reporting burden for this collection of information is estimated to average 58 minutes per response, including time to review the instruction, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistics, Room N-3644, 200 Constitution Ave. NW, Washington, DC 20210. Do not send the completed forms to this office.

Year 2016



U.S. Department of Labor  
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

### Establishment information

Your establishment name Emerson Network Power Liebert Services

Street 610 Executive Campus Dr.

City Westerville State OH Zip 43082

Industry description (e.g., Manufacture of motor truck trailers)  
Power, Monitoring, and Cooling Equipment Services Provider

Standard Industrial Classification (SIC), if known (e.g., SIC 3715)

OR North American Industrial Classification (NAICS), if known (e.g., 336212)

2 3 8 2 1 0

### Employment information

Annual average number of employees 722

Total hours worked by all employees last year 1484438

### Sign here

Knowingly falsifying this document may result in a fine.

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Philip B. Colby  
Company executive

V.P.H.R.  
Title

614-841-6683  
Phone

1-6-17  
Date



## Log of Work-Related Injuries and Illnesses

Year 2016



Form approved OMB no. 1218-0176

Establishment name Emerson Network Power, Liebert ServicesCity Westerville State OH

Identify the person			Describe the case			Classify the case				Enter the number of days the injured or ill worker was:							Check the "injury" column or choose one type of illness:					
(A) Case No.	(B) Employee's Name	(C) Job Title (e.g., Welder)	(D) Date of injury or onset of illness (mo./day)	(E) Where the event occurred (e.g. Loading dock north end)	(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g. Second degree burns on right forearm from acetylene torch)	CHECK ONLY ONE box for each case based on the most serious outcome for that case:				Away From Work (days)		On job transfer or restriction (days)		(M)								
						Death	Days away from work	Remained at work		Job transfer or restriction	Other recordable cases	Away From Work (days)	On job transfer or restriction (days)	Injury	Skin Disorder	Respiratory Condition	Poisoning	Hearing Loss	All other illnesses			
						(G)	(H)	(I)	(J)											(K)	(L)	(1)
990154-2016-1		System Specialist	3/2/2016	Customer Site	System Specialist was installing a fan assembly when their finger was caught between the unit frame and the assembly resulting in a contusion				X			7		X								
990153-2016-2		Customer Engineer	5/3/2016	Customer Site	Associate lowering fan blower assembly into UPS when he accidentally contacted energized buss work.				X				X									
990149-2016-4		Battery Specialist	7/18/2016	Customer Site	Battery Specialist was climbing a ladder to take battery readings when he struck his head on a support for HVAC duct work.		X				22		X									
990150-2016-5		Customer Engineer	8/13/2016	Customer Site	Customer Engineer was lifting power poles into place, felt a "twinge" in the lower back.			X			16		X									
990152-2016-6		Customer Engineer	8/24/2016	Customer Engineer's Home	Customer Engineer was re-arranging vehicle in when he strained his back.		X				127		X									
990150-2016-6		Customer Engineer	9/7/2016	Customer Site	Customer Engineer fell down a alternating tread ladder suffering a concussion and dislocated shoulder.		X				117		X									
990151-2016-4		Customer Engineer	9/22/2016	Customer Site	While attempting to lift a component with another associate, the Customer Engineer strained his shoulder.			X			100		X									
990152-2016-7		Customer Engineer	9/28/2016	Customer Site	Customer Engineer was torquing batteries when hand slipped and struck metal tray causing a laceration.			X					X									
Page totals						0	3	3	2	266	123	8	0	0	0	0	0	0				

Be sure to transfer these totals to the Summary page (Form 300A) before you post it.

Public reporting burden for this collection of information is estimated to average 14 minutes per response, including time to review the instruction, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistics, Room N-3644, 200 Constitution Ave, NW, Washington, DC 20210. Do not send the completed forms to this office.

Page 1 of 1

(1)        (2)        (3)        (4)        (5)        (6)

OSHA's Form 300A (Rev. 01/2004)

# Summary of Work-Related Injuries and Illnesses

Year 2015



U.S. Department of Labor  
Occupational Safety and Health Administration  
Form approved OMB no. 1218-0176

All establishments covered by Part 1904 must complete this Summary page, even if no injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete.

Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the log. If you had no cases write "0."

Employees, former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR 1904.35, in OSHA's Recordkeeping rule, for further details on the access provisions for these forms.

## Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
<u>0</u>	<u>4</u>	<u>1</u>	<u>1</u>
(G)	(H)	(I)	(J)

## Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
<u>559</u>	<u>298</u>
(K)	(L)

## Injury and Illness Types

Total number of...  
(M)

(1) Injury	<u>6</u>	(4) Poisoning	<u>0</u>
(2) Skin Disorder	<u>0</u>	(5) Hearing Loss	<u>0</u>
(3) Respiratory Condition	<u>0</u>	(6) All Other Illnesses	<u>0</u>

Post this Summary page from February 1 to April 30 of the year following the year covered by the form

Public reporting burden for this collection of information is estimated to average 59 minutes per response, including time to review the instruction, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistics, Room N-3644, 200 Constitution Ave. NW, Washington, DC 20210. Do not send the completed forms to this office.

## Establishment information

Your establishment name Emerson Network Power Liebert Services  
Street 610 Executive Campus Dr.  
City Westerville State OH Zip 43082  
Industry description (e.g., Manufacture of motor truck trailers)  
Power, Monitoring, and Cooling Equipment Services Provider  
Standard Industrial Classification (SIC), if known (e.g., SIC 3715)  
OR North American Industrial Classification (NAICS), if known (e.g., 336212)  
2 3 8 2 1 0

## Employment information

Annual average number of employees 706  
Total hours worked by all employees last year 1469398

## Sign here

Knowingly falsifying this document may result in a fine.

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Philip K. Hughes  
Company executive

614-841-6683  
Phone

VP / HR  
Title  
1/16/16  
Date

## Log of Work-Related Injuries and Illnesses

Year 2015

**U.S. Department of Labor**  
Occupational Safety and Health Administration



Form approved OMB no. 1218-0176

Establishment name Emerson Network Power, Liebert Services

City Westerville State OH

Identify the person			Describe the case		Classify the case				Enter the number of days the injured or ill worker was:		Check the "injury" column or choose one type of illness:						
(A) Case No.	(B) Employee's Name	(C) Job Title (e.g., Welder)	(D) Date of injury or onset of illness (mo./day)	(E) Where the event occurred (e.g. Loading dock north end)	(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g. Second degree burns on right forearm from acetylene torch)	CHECK ONLY ONE box for each case based on the most serious outcome for that case:						(M)					
						Death	Days away from work	Remained at work		Away From Work (days)	On job transfer or restriction (days)	Injury	Skin Disorder	Respiratory Condition	Poisoning	Hearing Loss	All other illnesses
						(G)	(H)	(I)	(J)	(K)	(L)	(1)	(2)	(3)	(4)	(5)	(6)
990152-2015-3		Battery Specialist	2/19/2015	Customer Site	The Customer's loaded the freight elevator with a pallet of batteries, Associate and 3rd Party Vendors were also on the elevator, the weight capacity of the elevator was exceeded causing it to fall 2 floors		X			56	180	X					
990150-2015-2		Senior Customer Engineer	3/3/2015	Customer Site	Heavy rain, possible black ice, walking along side of truck to get into the drivers side, slipped, grabbed the truck with his right hand and felt his shoulder give way.		X			180	85	X					
990150-2015-4		Battery Specialist	4/28/2015	Customer Site	Battery Specialist felt numbness, pain, and tingling in both wrists is a result of using the Alber Cellcorder probes for numerous years. - Carpel Tunnel		X			143		X					
990150-2015-5		Battery Specialist	4/29/2015	Customer Site	Associate was pulling 40 lbs. watering cart up the outside dock stairs, at the top of the stairs he twisted while holding the cart stable with one hand while he swiped his access badge to open the door and felt a pain in his back. - Lumbar Strain		X			180		X					
990150-2015-6		Region System Specialist	5/28/2015	Customer Site	While Sliding a Battery Module (66lbs) out of an Nfinity unit the Service Engineer felt lower back pain. - Lumbar Sprain			X			33	X					
990153-2015-2		Senior Customer Engineer	9/17/2015	Customer Site	Fell off ladder and hit right elbow causing a contusion. Contusion led to an infection.				X			X					
Page totals						0	4	1	1	559	298	6	0	0	0	0	0

Be sure to transfer these totals to the Summary page (Form 300A) before you post it.

Page 1 of 1

(1)	(2)	(3)	(4)	(5)	(6)
Injury	Skin Disorder	Respiratory Condition	Poisoning	Hearing Loss	All other illnesses



# OSHA's Form 300A (Rev. 01/2004)

## Summary of Work-Related Injuries and Illnesses

All establishments covered by Part 1904 must complete this Summary page, even if no injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete.

Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the log. If you had no cases write "0."

Employees, former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR 1904.35, in OSHA's Recordkeeping rule, for further details on the access provisions for these forms.

### Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	2	3	2
(G)	(H)	(I)	(J)

### Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
194	150
(K)	(L)

### Injury and Illness Types

Total number of...	(M)	(4) Poisoning	0
(1) Injury	7	(5) Hearing Loss	0
(2) Skin Disorder	0	(6) All Other Illnesses	0
(3) Respiratory Condition	0		

Post this Summary page from February 1 to April 30 of the year following the year covered by the form

Public reporting burden for this collection of information is estimated to average 58 minutes per response, including time to review the instruction, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistics, Room N-3644, 200 Constitution Ave. NW, Washington, DC 20210. Do not send the completed forms to this office.

Year 2014



U.S. Department of Labor  
Occupational Safety and Health Administration  
Form approved OMB no. 1218-0176

### Establishment information

Your establishment name Emerson Network Power Liebert Services

Street 610 Executive Campus Dr.

City Westerville State OH Zip 43082

Industry description (e.g., Manufacture of motor truck trailers)  
Power, Monitoring, and Cooling Equipment Services Provider

Standard Industrial Classification (SIC), if known (e.g., SIC 3715)

OR North American Industrial Classification (NAICS), if known (e.g., 336212)

2 3 8 2 1 0

### Employment information

Annual average number of employees 695

Total hours worked by all employees last year 1,441,080

### Sign here

Knowingly falsifying this document may result in a fine.

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

[Signature]  
Company executive

614-841-6683  
Phone

VP, IT-R  
Title  
1/26/15  
Date

# OSHA's Form 300 (Rev. 01/2004) Log of Work-Related Injuries and Illnesses

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

Year 2014

U.S. Department of Labor  
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

You must record information about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid. You must also record significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional. You must also record work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR 1904.8 through 1904.12. Feel free to use two lines for a single case if you need to. You must complete an injury and illness incident report (OSHA Form 301) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call your local OSHA office for help.

Establishment name Emerson Network Power, Liebert Services

City Westerville State OH

Identify the person			Describe the case			Classify the case				Enter the number of days the injured or ill worker was:						Check the "injury" column or choose one type of illness:					
(A) Case No.	(B) Employee's Name	(C) Job Title (e.g., Welder)	(D) Date of injury or onset of illness (mo./day)	(E) Where the event occurred (e.g. Loading dock north end)	(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g. Second degree burns on right forearm from acetylene torch)	CHECK ONLY ONE box for each case based on the most serious outcome for that case:				Away From Work (days)		On job transfer or restriction (days)	(M)								
						Death	Days away from work	Remained at work		Away From Work (days)	On job transfer or restriction (days)	Injury	Skin Disorder	Respiratory Condition	Poisoning	Hearing Loss	All other illnesses				
						(G)	(H)	Job transfer or restriction	Other recordable cases									(K)	(L)	(1)	(2)
990151-2014-1		Customer Engineer	1/17/2014	Customer's Site	Associate was lifting multiple Nfinity Battery Modules and strained back		X			14	10	X									
990151-2014-2		Customer Engineer	5/2/2014	Customer's Site	While lowering GXT2 unit into box strained lower back			X			2	X									
990152-2014-1		Customer Engineer	4/28/2014	Vehicle Accident	While driving to a jobsite, Associate was rear ended by another vehicle				X			X									
990150-2014-1		Customer Engineer	4/26/2014	Customer's Site	While moving/ lifting load bank cable felt strain in left bicep		X			180		X									
990150-2014-2		Senior Customer Engineer	5/22/2014	Customer's Site	While performing a full capacitor tray replacement (energized), power cable contacted energized output causing and arc flash, no ppe worn			X			13	X									
990150-2014-3		Senior Customer Engineer	5/22/2014	Customer's Site	While performing a full capacitor tray replacement (energized), power cable contacted energized output causing and arc flash, no ppe worn				X			X									
990154-2014-2		Cooling Customer Engineer	8/25/2014	Customer's Site	Loosening screw/bolt and strained elbow			X			125	X									
Page totals						0	2	3	2	194	150	7	0	0	0	0	0	0			

Be sure to transfer these totals to the Summary page (Form 300A) before you post it.

Public reporting burden for this collection of information is estimated to average 14 minutes per response, including time to review the instruction, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistics, Room N-3644, 200 Constitution Ave, NW, Washington, DC 20210. Do not send the completed forms to this office.





# CERTIFICATE OF REGISTRATION

This is to certify that

## **Emerson Network Power, Liebert Services, Inc.**

610 Executive Campus Drive, Westerville, Ohio 43082 USA  
operates a

## **Quality Management System**

which complies with the requirements of

## **ISO 9001:2008**

for the following scope of registration

**Providing power services on Liebert Power Equipment in North America.**

Certificate No.: CERT-0092260  
File No.: 003070  
Issue Date: November 6, 2015

Original Certification Date: November 29, 1999  
Current Certification Date: November 10, 2015  
Certificate Expiry Date: September 14, 2018

Heather Mahon  
Acting Head of  
Policy, Risk and Certification



ISO 9001



Registered by:  
SAI Global Certification Services Pty Ltd, 680 George St, Level 37-38, Sydney, NSW, 2000, Australia with QMI-SAI Canada Limited, 20 Carlson Court, Suite 200, Toronto, Ontario M9W 7K6 Canada (SAI GLOBAL). This registration is subject to the SAI Global Terms and Conditions for Certification. While all due care and skill was exercised in carrying out this assessment, SAI Global accepts responsibility only for proven negligence. This certificate remains the property of SAI Global and must be returned to them upon request.  
To verify that this certificate is current, please refer to the SAI Global On-Line Certification Register: [www.qmi-saiglobal.com/qmi\\_companies/](http://www.qmi-saiglobal.com/qmi_companies/)

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