

ACORD™ Client#: 19713
KELLEY
CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 04/25/2013

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 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
 Allthans Insurance Agency, Inc.
 543 East Washington St.
 P.O. Box 570
 Chagrin Falls, OH 44022

INSURED
 Kelley Equipment Co. of Florida, Inc.
 4140 118th Street, North
 Clearwater, FL 33762

CONTACT
 NAME: Karen L. Medurf
 PHONE (No. exl): 440 247-6422
 FAX (No.): 440 247-2394
 E-MAIL: kimedurf@allthans.com
 ADDRESS: kimedurf@allthans.com

INSURER A: State Auto Mutual
 NAIC # 25127

INSURER B:
 INSURER C:
 INSURER D:
 INSURER E:
 INSURER F:

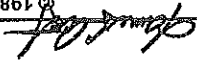
COVERAGES

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	ADLSUBR (INSR WVD)	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY		BAP2284455	04/26/2013	04/26/2014	EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (EA OCCURRENCE) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ COMBINED SINGLE LIMIT (EA ACCIDENT) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ EACH OCCURRENCE \$ AGGREGATE \$ EXCESS LIAB CLAIMS-MADE \$ UMBRELLA LIAB OCCUR \$ UMBRELLA LIAB \$ RETENTIONS \$
A	ANY AUTO ALL OWNED AUTOS HIRE AUTOS AUTOS SCHEDULED AUTOS NON-OWNED AUTOS AUTOS		BAP2284455	04/26/2013	04/26/2014	GENERAL LIABILITY \$ COMMERCIAL GENERAL LIABILITY \$ CLAIMS-MADE \$ OCCUR \$ GENL AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PRO <input type="checkbox"/> LOC <input type="checkbox"/>
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N <input type="checkbox"/> (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		BAP2284455	04/26/2013	04/26/2014	EL. DISEASE - EA EMPLOYEE \$ EL. DISEASE - POLICY LIMIT \$ EL. EACH ACCIDENT \$ W/C STATUTORY LIMITS \$ OTH-TOR LIMITS \$
A	PIP		BAP2284455	04/26/2013	04/26/2014	STATUTORY

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

CERTIFICATE HOLDER
 CANCELLATION
 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

 AUTHORIZED REPRESENTATIVE