

KELLEEU3

Client#: 734812

CERTIFICATE OF LIABILITY INSURANCE

ACORD

DATE (MM/DD/YYYY)

6/28/2013

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 USI Insurance Services, LLC/CL P.O. Box 141916 Coral Gables, FL 33114-1916 305 669-6000 | | INSURED Kelley Equipment Company of Florida Inc 4140 118 Ave N Clearwater, FL 33762-5133 | |
| CONTACT NAME: PHONE (Inc, No, Ext): 305 669-6000 FAX (A/C, No): | | INSURER A: Tower Insurance Company of New INSURER B: INSURER C: INSURER D: INSURER E: INSURER F: | |
| E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE NAIC # 44300 | | REVISION NUMBER: | |

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 | ADDRESS | INSR WVD | POLICY NUMBER | POLICY EFF. DATE (MM/DD/YYYY) | POLICY EXP. DATE (MM/DD/YYYY) | LIMITS |
|------|-----|------------------------------------|---------|----------|---------------|-------------------------------|-------------------------------|--------|
| | | GENERAL LIABILITY | | | | | | |
| | | COMMERCIAL GENERAL LIABILITY | | | | | | |
| | | CLAIMS-MADE | | | | | | |
| | | OCUR | | | | | | |
| | | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | |
| | | POLICY | | | | | | |
| | | PRO | | | | | | |
| | | LOC | | | | | | |
| | | AUTOMOBILE LIABILITY | | | | | | |
| | | ANY AUTO | | | | | | |
| | | SCHEDULED | | | | | | |
| | | AUTOS | | | | | | |
| | | ALL OWNED | | | | | | |
| | | HIRED AUTOS | | | | | | |
| | | NON-OWNED | | | | | | |
| | | AUTOS | | | | | | |
| | | UMBRELLA LIAB | | | | | | |
| | | OCUR | | | | | | |
| | | EXCESS LIAB | | | | | | |
| | | CLAIMS-MADE | | | | | | |
| | | DED | | | | | | |
| | | RETENTIONS | | | | | | |
| | | WORKERS COMPENSATION | | | | | | |
| | | AND EMPLOYERS' LIABILITY | | | | | | |
| | | ANY PROPRIETOR/PARTNER/EXECUTIVE | | | | | | |
| | | OFFICER MEMBER EXCLUDED? | | | | | | |
| | | (Mandatory in NH) | | | | | | |
| | | DESCRIPTION OF OPERATIONS below | | | | | | |
| | | IF YES, DESCRIBE UNDER | | | | | | |
| | | ALL RISK INCL | | | | | | |
| | | BOOM/COL/OVER | | | | | | |

| A | B | DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) |
|--|---|---|
| WCFU0002513 07/01/2013 07/01/2014 X WC STATU- TORT LIMITS OTH- FER \$ AGGREGATE \$ EACH OCCURRENCE \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ COMBINED SINGLE LIMIT \$ PRODUCTS - COMP/OP AGG \$ GENERAL AGGREGATE \$ PERSONAL & ADV INJURY \$ MED EXP (Any one person) \$ DAMAGE TO RENTED PREMISES (ea occurrence) \$ EACH OCCURRENCE \$ | IMPCX2017713 07/01/2013 07/01/2014 PER SCHEDULE ON FILE LEASED/RENTED \$1,000,000 E.T. DISEASE - EA EMPLOYEE \$1,000,000 E.T. DISEASE - POLICY LIMIT \$1,000,000 | B CONTR EQUIP ALL RISK INCL BOOM/COL/OVER |

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

[Signature]