

CERTIFICATE OF LIABILITY INSURANCE

DELLA-1

OP ID: JS

DATE (MM/DD/YYYY)

07/21/2014

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).

continued in the or other content of								
PRODUCER ISU - Fritts-Million Ins., Inc P. O. Box 365 20 Court Street Mt. Sterling, KY 40353 Tom Million, CIC		CONTACT Fritts-Million Insurance, Inc.						
		PHONE (A/C, No, Ext): 859-498-5860 FAX (A/C, No): 859-	498-5897					
		E-MAIL ADDRESS:						
		INSURER(S) AFFORDING COVERAGE	NAIC#					
		INSURER A: Motorists Mutual-Comm	14621					
INSURED	Dellavalle Management Inc. Glen Dellavalle P.O.Box 901888 Lexington, KY 40591	INSURER B: KESA	0000					
		INSURER C: Travelers						
		INSURER D:						
		INSURER E:						
		INSURER F:						

COVERAGES CERTIFICATE NUMBER: 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.

INSR LTR	TYPE OF INSURANCE	ADDL SUI		POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMITS	
	GENERAL LIABILITY			(,	(EACH OCCURRENCE	\$ 1,000,000
Α	X COMMERCIAL GENERAL LIABILITY		33.293088-80	12/01/2013	12/01/2014	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
	CLAIMS-MADE X OCCUR					MED EXP (Any one person)	\$ 10,000
						PERSONAL & ADV INJURY	\$ 1,000,000
						GENERAL AGGREGATE	\$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG	\$ 2,000,000
	X POLICY PRO- JECT LOC						\$
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
Α	ANY AUTO		33.293088-80	12/01/2013	12/01/2014	BODILY INJURY (Per person)	\$
	ALL OWNED X SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	X HIRED AUTOS NON-OWNED AUTOS					PROPERTY DAMAGE (PER ACCIDENT)	\$
							\$
	UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$ 1,000,000
Α	EXCESS LIAB CLAIMS-MADE		33.293088-80	12/01/2013	12/01/2014	AGGREGATE	\$ 1,000,000
	DED RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					WC STATU- TORY LIMITS X OTH- ER	
В	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A	14711	08/25/2013	08/25/2014	E.L. EACH ACCIDENT	\$ 2,000,000
	(Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE	\$ 2,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$ 2,000,000
С	Bond		104780439	07/19/2013	07/19/2016	EE Theft	350,000

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

CANCELLATION

L F U C G Attn: Jimmy Ross

200 East Main Street Lexington, KY 40507 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

Zulie Spurock

LFUCGCO