$ACORD_{in}$

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 5/03/2013

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

PRODUCER	CONTACT Penny Wilhelm		
Molyneaux Insurance, Inc. 100 Kirkwood Blvd. P.O. Box 939	PHONE (A/C, No, Ext): 563 324-1011 [FAX (A/C, No): 563 32 E-MAIL ADDRESS:		
Davenport, IA 52805	INSURER(S) AFFORDING COVERAGE		NAIC#
	INSURER A: The Travelers Indemnity Co. of		25666
Ritz Development, LLC dba Batteries Plus 155 Main St. P.O. Box 430 Elberfeld, IN 47613-6989	INSURER B: The Travelers Indemnity Company		25658
	INSURER C: Farmington Casualty Co.		41483
	INSURER D : Travelers Property Casualty Co		25674
	INSURER E :		
	INSURER F :		

			INSUR	ERF;			l l
CO	VERAGES CEF	TIFICATE	NUMBER:			REVISION NUMBER:	
C	HIS IS TO CERTIFY THAT THE POLICIE: NDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY I XCLUSIONS AND CONDITIONS OF SUCH	QUIREMEN PERTAIN,	IT, TERM OR CONDITION OF ANY THE INSURANCE AFFORDED BY 1	CONTRACT OF THE POLICIES	R OTHER DO DESCRIBED	CUMENT WITH RESPECT HEREIN IS SUBJECT TO	TO WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMI	 TS
Α	GENERAL LIABILITY		I6805426W274	11/25/2012	11/25/2013	EACH OCCURRENCE	s1,000,000
	X COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence)	s300,000
	CLAIMS-MADE X OCCUR					MED EXP (Any one person)	\$5,000
						PERSONAL & ADV INJURY	s 1,000,000
						GENERAL AGGREGATE	\$2,000,000

1				PERSONAL & ADV INJURY	s 1,000,000
				GENERAL AGGREGATE	s2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:			PRODUCTS - COMP/OP AGG	s 2,000,000
L	POLICY PRO- JECT LOC				S
1	D AUTOMOBILE LIABILITY	BA5426W680	11/25/2012 11/25/2013	COMBINED SINGLE LIMIT (Ea accident)	s1,000,000
	X ANY AUTO			BODILY INJURY (Per person)	\$
l	ALL OWNED SCHEDULED AUTOS			BODILY INJURY (Per accident)	Ş
	X HIRED AUTOS X NON-OWNED AUTOS			PROPERTY DAMAGE (Per accident)	S
	X Drive Oth Car				S
	B X UMBRELLA LIAB X OCCUR	CUP7838W737	11/25/2012 11/25/2013	EACH OCCURRENCE	s1,000,000
l	EXCESS LIAB CLAIMS-MADE			AGGREGATE	s1,000,000
L	DED X RETENTION \$5,000				s
1	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	IFUB5427W209	11/25/2012 11/25/2013	X WC STATU- TORY LIMITS ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE Y N / A OFFICER/MEMBER EXCLUDED?	- Viving and the second of the		E.L. EACH ACCIDENT	s100,000
	(Mandatory in NH)			E.L. DISEASE - EA EMPLOYEE	s100,000
L	If yes, describe under DESCRIPTION OF OPERATIONS below			E.L. DISEASE - POLICY LIMIT	s 500,000

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

CERTIFICATE HOLDER	CANCELLATION
Fayette County Clerk 162 East Main Street Lexington, KY 40507-1363	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
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