OP ID: LI



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 03/19/2024

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).											
PROD		501	-624-8888	CONTACT Roger Ward							
P.O.	nsurance Agency - HS Box 1669			PHONE (A/C, No, Ext): 501-624-8888 FAX (A/C, No): 501-62				24-8893			
Hot Springs, AR 71902 Roger Ward						E-MAIL rward@abiinsuranceagency.com					
						INSURER(S) AFFORDING COVERAGE					
				INSURER A: Hanover Insurance Company					41840		
INSUF	ED Charaletes & Mars I I C			INSURER B. Auto Owners Flood							
David	y's Chocolates & More LLC I Carroll			INSURER C:							
154 Pecan Grove Rd Malvern, AR 72104						INSURER D:					
maivern, Alt 12107						INSURER E :					
				INSURER F:							
COV	ERAGES CEF	CATE	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 SUBR INSD WVD POLICY NUMBER				POLICY EFF POLICY EXP (MM/DD/YYYY) LIMITS						
A	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000	
	CLAIMS-MADE X OCCUR	X	Х	Z2TJ635155		02/02/2024	02/02/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000	
								MED EXP (Any one person)	\$	5,000	
1 [1				I	I			1 000 000	

			IIIVOD	WV					
Α		COMMERCIAL GENERAL LIABILITY					,	EACH OCCURRENCE	\$ 1,000,000
		CLAIMS-MADE X OCCUR	х	х	Z2TJ635155	02/02/2024	02/02/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
				**				MED EXP (Any one person)	\$ 5,000
								PERSONAL & ADV INJURY	\$ 1,000,000
	GEI	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000
	X	POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000
		OTHER:							\$
Α	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
		ANY AUTO			Z2TJ635155	02/02/2024	02/02/2025	BODILY INJURY (Per person)	\$
		OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
									\$
A	X	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$ 1,000,000
		EXCESS LIAB CLAIMS-MADE	Х	X	Z2TJ635155	02/02/2024	02/02/2025	AGGREGATE	\$ 1,000,000
		DED X RETENTION\$							\$
Α	WOF	RKERS COMPENSATION EMPLOYERS' LIABILITY						X PER X OTH-	
	ANY	PROPRIETOR/PARTNER/EXECUTIVE 7/N	N/A	X	WCP2289800	04/29/2024	04/29/2025	E.L. EACH ACCIDENT	\$ 1,000,000
		ndatory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 1,000,000

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

Store:#143

Kilwins Chocolate Franchise, Inc.and Kilwin's Quality Confections,Inc. are included as additional insureds in respect to general liability and umbrella policies with a waiver of subrogation in regards to the GL,UMB, WC policies as required by written contract

CERTIFICATE HOLDER	CANCELLATION					
Kilwins Chocolate Franchise Inc.	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
1050 Bay View Road Petoskey, MI 49770	AUTHORIZED REPRESENTATIVE For Ward					