



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/27/2024

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).

PRODUCER Purmort and Martin Insurance Agency LLC 2301 Ringling Boulevard Sarasota FL 34237		CONTACT NAME: Certificates PHONE (A/C, No, Ext): (941) 366-7070 FAX (A/C, No): (941) 953-4901 E-MAIL ADDRESS: certificates@purmort.com	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Main Street America Protection Ins Co	
		INSURER B: Old Dominion Ins. Co.	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES**CERTIFICATE NUMBER:** 24-25 Liability**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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	Y		BPG94563	02/13/2024	02/13/2025	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000
							MED EXP (Any one person) \$ 10,000
							PERSONAL & ADV INJURY \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ 2,000,000
							Employment Practices \$ 10,000
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY	Y		CA00022535	02/13/2024	02/13/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$
							Medical payments \$ 5,000
	<input type="checkbox"/> UMBRELLA LIAB						EACH OCCURRENCE \$
	<input type="checkbox"/> EXCESS LIAB						AGGREGATE \$
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N <input type="checkbox"/>	N / A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
							E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

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

Kilwin's Chocolates Franchise, Inc. & Kilwin's Quality Confections, Inc. are Listed as Additional Insured on Primary and Non-Contributory Basis With Respect to General Liability, and Auto Liability. A Waiver of Subrogation With Regards to General Liability, and Auto Liability in favor of Kilwin's Chocolates Franchise, Inc. & Kilwin's Quality Confections, Inc. 30 Day Notice of Cancellation

CERTIFICATE HOLDER**CANCELLATION**

Kilwin's Chocolates Franchise, Inc. & Kilwin's Quality Confections, Inc. 1050 Bay View Road Petoskey MI 49770	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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ADDITIONAL COVERAGES

Ref #	Description				Coverage Code	Form No.	Edition Date
	Additional Insured - Franchisor				AIFCH		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium		
					\$33.00		
Ref #	Description				Coverage Code	Form No.	Edition Date
	DATAC				DAT-1		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium		
25,000			1,000	Flat	\$43.00		
Ref #	Description				Coverage Code	Form No.	Edition Date
	Managers or Lessors				AIMGR		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium		
					\$33.00		
Ref #	Description				Coverage Code	Form No.	Edition Date
	Uninsured motorist combined single limit				UMCSL		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium		
1,000,000					\$378.00		
Ref #	Description				Coverage Code	Form No.	Edition Date
	PIP-Basic				PIP		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium		
10,000					\$90.00		
Ref #	Description				Coverage Code	Form No.	Edition Date
	Endorsement Cost Adjustment				ECADJ		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium		
					\$100.00		
Ref #	Description				Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium		
Ref #	Description				Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium		
Ref #	Description				Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium		