| ACORD [®] CE | | | ER' | RTIFICATE OF LIABILITY INSURANCE | | | | | | DATE (MM/DD/YYYY) 05/23/2019 | | |
|--|--|---|--------------|----------------------------------|---|--|--|----------------------------|---|---------------------------------|-------------|--|
| 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 State Farm Stephen R. DiOrio | | | | | | | CONTACT NAME: Stephen R. DiOrio PHONE (A/C, No, Ext): 484-319-4511 FAX (A/C, No): 484-595-0231 | | | | | |
| 72 Lancaster Ave Suite 4 | | | | | E-MAIL ADDRESS: steve@thedioriogroup.com | | | | | | | |
| Malvern, PA 19355 | | | | | | | INSURER(S) AFFORDING COVERAGE | | | | NAIC # | |
| | | | | | | INSURER A : State Farm Fire and Casualty Company | | | | | 25143 | |
| INSU | RED | Sugarrugh Enterprises INC | | | | INSURER B : | | | | | | |
| Sugarrush Enterprises INC 8 Queen Anne Lane | | | | | | | | | | | | |
| Malvern, PA 19355 | | | | | | | | | | | | |
| Mawern, FA 19909 | | | | | | INSURER E : | | | | | | |
| CO | /ER | AGES CER | TIFIC | | 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 INSD | SUBR WVD | POLICY NUMBER | | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMIT | | | |
| | × | COMMERCIAL GENERAL LIABILITY | | | | | | | EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) | \$ 3,00 \$ 300 \$ 10,0 | ,000)00 | |
| А | | | Y | Y | 98-EL-A533-2 | | 09/14/2018 | 09/14/2019 | PERSONAL & ADV INJURY | | | |
| | GE | N'L AGGREGATE LIMIT APPLIES PER: | | | | | | | GENERAL AGGREGATE | _{\$} 6,00 | | |
| | | | | | | | | | PRODUCTS - COMP/OP AGG | \$ 6,00 | 0,000 | |
| | | OTHER: | | | 98-EL-A533-2 | | 09/14/2018 | 09/14/2019 | COMBINED SINGLE LIMIT (Ea accident) | \$ \$ 3,00 | 0.000 | |
| | 701 | ANY AUTO | | | 90-EL-A333-2 | | 09/14/2010 | 09/14/2019 | (Ea accident) BODILY INJURY (Per person) | \$ 0,00 | ,0,000 | |
| | | OWNED SCHEDULED | | | | | | | BODILY INJURY (Per accident) | \$ | | |
| | \times | AUTOS ONLY HIRED AUTOS ONLY | | | | | | | PROPERTY DAMAGE (Per accident) | \$ | | |
| | | | | | | | | | | \$ | | |
| | Х | | | | | | | | EACH OCCURRENCE | _{\$} 1,00 | 00,000 | |
| | | EXCESS LIAB CLAIMS-MADE | | | 98ERL6366 | | 05/23/2019 | 05/23/2020 | AGGREGATE | \$ | | |
| | | DED RETENTION \$ | | | | | | | | \$ | | |
| | | RKERS COMPENSATION DEMPLOYERS' LIABILITY Y / N | | | | | | | PER OTH- STATUTE ER | | | |
| ANY PE | | PROPRIETOR/PARTNER/EXECUTIVE | N/A | | 98ERL6493 | | 05/23/2019 | 05/23/2020 | E.L. EACH ACCIDENT | \$ 1,00 | | |
| | If ve | ndatory in NH) s, describe under | | | | | | | | \$ 1,00 \$ 1,00 | | |
| | DÉS | CRIPTION OF OPERATIONS below | | | | | | | E.L. DISEASE - POLICY LIMIT | ş 1,00 | 10,000 | |
| | | | | | | | | | | | | |
| DESC | DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) | | | | | | | | | | | |
| Location : 95 Coutler Ave Ardmore PA 19003 Kilwins Chocolates Franchise, Inc. and Kilwins Quality Confections, Inc. are listed as Additional Insured on Primary and Non-Contributory basis with regards to General Liability, Automobile Liability, & Umbrella. Waiver of Subrogation with regards to Workers' Compensation/Employers Liability, General Liability, Automobile Liability, Umbrella in favor of Kilwins Chocolates Franchise, Inc. and Kilwin's Quality Confections, Inc There will be a 30 day notice of cancellation. | | | | | | | | | | | | |
| CE | | FICATE HOLDER | | | | CAN | CANCELLATION | | | | | |
| | <u>, i if</u> | | | | | UAN | | | | | | |
| | | | | | | | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN | | | | | |

| CERTIFICATE HOLDER | CANCELLATION | | | | |
|--|--|--|--|--|--|
| Kilwins Chocolates Franchise, Inc. Kilwins Quality Confections 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 | | | | |