

September 20, 2021

Kilwins Chocolates Franchise Inc Kilwins Quality Confections Inc 1050 BAY VIEW RD PETOSKEY MI 49770

Account Information:

Policy Holder Details : Ba Zipeto LLC DBA Kilwins



Business Service Center

Business Hours: Monday - Friday (7AM - 7PM Central Standard Time)

Phone: (877) 287-1316 **Fax:** (888) 443-6112

Email: agency.services@thehartford.com **Website:** https://business.thehartford.com

Enclosed please find a Certificate Of Insurance for the above referenced Policyholder. Please contact us if you have any questions or concerns.

Sincerely,

Your Hartford Service Team



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 09/20/2021

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 SUBROGATIONIS 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	CONTACT NAME:			
AUTOMATIC DATA PROCESSING INS AGCY 76250871	PHONE (800) 524-7024) 524-4013	
1 ADP BLVD M/S 625	A/C, No, Ext): (A/C, No):			
ROSELAND NJ 07068	-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE NAIC#			
	·		NAIC# 22357	
	INSURER A: Hartford Accident and Ir	ndemnity Company	22337	
INSURED	INSURER B :			
BA ZIPETO LLC DBA KILWINS 51 W SHORE RD	INSURER C:			
HOLBROOK MA 02343-1765	INSURER D:			
	INSURER E:			
	INSURER F:			
COVERAGES CERTIFICATE NU	MBER:	REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE INDICATED.NOTWITHSTANDING ANY REQUIREMENT, TER CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICI	RM OR CONDITION OF ANY CONTRAC E INSURANCE AFFORDED BY THE F	T OR OTHER DOCUMENT WITH RESPOLICIES DESCRIBED HEREIN IS S	PECT TO WHICH THIS	
INSR TYPE OF INSURANCE ADDL SUBR INSR WVD	POLICY NUMBER POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/Y YYY)	MITS	
COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR	(MINI/DD/TTTT)	EACH OCCURRENCE DAMAGE TO RENTED		
		PREMISES (Ea occurrence) MED EXP (Any one person		
		PERSONAL & ADV INJURY		
GEN'L AGGREGATE LIMIT APPLIES PER:		GENERAL AGGREGATE		
POLICY PRO- JECT LOC		PRODUCTS - COMP/OP A	GG	
OTHER:				
AUTOMOBILE LIABILITY		COMBINED SINGLE LIMIT (Ea accident)		
ANY AUTO		BODILY INJURY (Per person	on)	
ALL OWNED SCHEDULED AUTOS AUTOS		BODILY INJURY (Per accid	lent)	
HIRED NON-OWNED AUTOS AUTOS		PROPERTY DAMAGE (Per accident)		
A0100		(Fer accident)		
UMBRELLA LIAB OCCUR		EACH OCCURRENCE		
EXCESS LIAB CLAIMS- MADE		AGGREGATE		
DED RETENTION \$				
WORKERS COMPENSATION			TH-	
AND EMPLOYERS' LIABILITY ANY Y/N			\$1,000,000	
A PROPRIETOR/PARTNER/EXECUTIVE N/A X 7	6 WEG AH0P12 08/27/2021	08/27/2022 E.L. EACH ACCIDENT		
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		E.L. DISEASE -EA EMPLO		
If yes, describe under DESCRIPTION OF OPERATIONS below		E.L. DISEASE - POLICY LI	MIT \$1,000,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Those usual to the Insured's Operations. A Workers Compensation Waiver of Subrogation applies to the certificate holder per form WC000313. Waiver				
of Our Right to Recover from Others, attached to this poli-		•	n vvCuuus 13, vvaiver	
CERTIFICATE HOLDER	CANCELLA	•		
Kilwins Chocolates Franchise Inc	SHOULD ANY C	F THE ABOVE DESCRIBED POLICE		
Kilwins Quality Confections Inc BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE D IN ACCORDANCE WITH THE POLICY PROVISIONS.			WILL BE DELIVERED	
1050 BAY VIEW RD PETOSKEY MI 49770		AUTHORIZED REPRESENTATIVE		

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