

THE HARTFORD BUSINESS SERVICE CENTER 3600 WISEMAN BLVD SAN ANTONIO TX 78251

November 18, 2023

Kilwins Chocolate Franchise Inc 1050 BAY VIEW RD PETOSKEY MI 49770-9006

## Account Information:

Policy Holder Details : Ba Zipeto LLC DBA Kilwins

Contact Us

Need Help? Chat online or call us at (866) 467-8730. We're here Monday - Friday.

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								
H Al IS IN Su	IIS CERTIFICATE IS ISSUED AS DLDER. THIS CERTIFICATE DC FORDED BY THE POLICIES BEI SUING INSURER(S), AUTHORIZE PORTANT: If the certificate hold bject to the terms and condition	DES N LOW. DREF leris soft	NOT AFF THIS CEI PRESENT an ADDI he policy	IRMATIVELY OR RTIFICATE OF INSU ATIVE OR PRODUC TIONAL INSURED, certain policies m	NEGATIVELY JRANCE DOES CER, AND THE ( the policy(ies) hay require an (	AMEND, EXT NOT CONST CERTIFICATE must be end	END OR ALTER TH ITUTE A CONTRACT I HOLDER. orsed. If SUBROGATI	E COVERAGE BETWEEN THE ONIS WAIVED,
no	ot confer rights to the certificate h	older	in lieu of	such endorsement	(s).			
	DUCER OMATIC DATA PROCESSING INS	AGC	Y	CONTACT NAME:				
	50871	•	PHONE (800) 524-7024 FAX (A/C, No, Ext): (A/C, No):					
	DP BLVD M/S 625			E-MAIL ADDRESS:			(***,***)	
ROS	SELAND NJ 07068				INSURER(S) A	FFORDING COVE	RAGE	NAIC#
				INSURER A : Hartfor	rd Accident and	Indemnity Corr	ipany	22357
INSU	RED			INSURER B :				
BA 2	ZIPETO LLC DBA KILWINS			INSURER C :				
-	V SHORE RD			INSURER D :				
HOL	BROOK MA 02343-1765			INSURER E :				
				INSURER F :				
0.0	/ERAGES C	FRTIF				REVIS	ION NUMBER:	
IN Ce	IIS IS TO CERTIFY THAT THE POLICIE DICATED.NOTWITHSTANDING ANY RI RTIFICATE MAY BE ISSUED OR M. RMS, EXCLUSIONS AND CONDITIONS	EQUIR AY PE	EMENT, TE RTAIN, TH	ERM OR CONDITION ( HE INSURANCE AFFC	OF ANY CONTRA DRDED BY THE	CT OR OTHER POLICIES DES	DOCUMENT WITH RESPE CRIBED HEREIN IS SUE	ECT TO WHICH THIS
INSR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF	POLICY EXP	LIMIT	S
LTR	COMMERCIAL GENERAL LIABILITY	INSR	WVD		(MM/DD/YYYY)	(MM/DD/Y YYY)	EACH OCCURRENCE	
	CLAIMS-MADE OCCUR							
							PREMISES (Ea occurrence) MED EXP (Any one person)	
							PERSONAL & ADV INJURY	
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	
	POLICY PRO- JECT LOC OTHER:						PRODUCTS - COMP/OP AGO	3
							COMBINED SINGLE LIMIT	
	ANY AUTO						(Ea accident) BODILY INJURY (Per person)	1
	ALL OWNED SCHEDULED						BODILY INJURY (Per accider	it)
	AUTOS AUTOS HIRED NON-OWNED AUTOS AUTOS						PROPERTY DAMAGE (Per accident)	,
							EACH OCCURRENCE	
	EXCESS LIAB CLAIMS- MADE						AGGREGATE	
	DED RETENTION \$							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						X PER OTH	
•	ANY Y/N PROPRIETOR/PARTNER/EXECUTIVE	N/A			00/07/0000	08/27/2024	E.L. EACH ACCIDENT	\$1,000,000
A	OFFICER/MEMBER EXCLUDED?		X	76 WEG AH0P12	08/27/2023	00/21/2024	E.L. DISEASE -EA EMPLOYE	E \$1,000,00
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMI	т \$1,000,00
	RIPTION OF OPERATIONS / LOCATIONS / V se usual to the Insured's Operations		S (ACORD 1	01, Additional Remarks S	chedule, may be atta	ached if more space	e is required)	
					CANCELLA			
1050	ns Chocolate Franchise Inc BAY VIEW RD				BEFORE THE E	XPIRATION DA	E DESCRIBED POLICIES TE THEREOF, NOTICE WI DLICY PROVISIONS.	
- 21	OSKEY MI 49770-9006			F	AUTHORIZED REP			
					Susant		eda	
					© 198	8-2015 ACO	RD CORPORATION. A	All rights reserved
CO	RD 25 (2016/03)	т	he ACO	RD name and logo				<u> </u>

AGENCY CUSTOMER ID:

LOC# :

CORD

## ADDITIONAL REMARKS SCHEDULE

Page \_2 \_ of \_2\_

AGENCY		NAMED INSURED				
AUTOMATIC DATA PROCESSING INS AGCY	ſ	BA ZIPETO LLC DBA KILWINS				
POLICY NUMBER		51 W SHORE RD HOLBROOK MA 02343-1765				
SEE ACORD 25						
CARRIER	NAIC CODE					
SEE ACORD 25						
		effective date: SEE ACORD 25				

## ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM						
FORM NUMBER:	ACORD 25	FORM TITLE:	CERTIFICATE OF LIABILITY INSURANCE			

Blanket Waiver of Subrogation applies in favor of the Certificate Holder per the Waiver of Our Right to Recover from Others Endorsement WC000313, attached to this policy. State job is performed in: MA Policy Location for Employees Performing Job (Work Comp): 150 Water St Unit 101, Plymouth, MA 02360 Payroll for job to support waiver (Work Comp): 159323