

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/8/2019

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 be endorsed. If SUBROGATION IS WAIVED, subject to

	e terms and conditions of the policy, rtificate holder in lieu of such endors		•	icies may require an endo	rsemer	nt. A stateme	ent on this ce	rtificate does not confer	rights t	o the	
PRODUCER						CONTACT Trish Warren					
Gracey-Backer Inc.						PHONE (561)276-6055 FAX (A/C, No): (561)265-0034					
275 George Bush Boulevard						E-MAIL ADDRESS: trish@gbifl.com					
								DING COVERAGE		NAIC #	
Delray Beach FL 33444						INSURER A: Associated Industries Ins Co				23140	
INSURED						INSURER B:					
SJ SWEETS LLC						INSURER C:					
Kilwins of Lauderdale by the Sea						INSURER D:					
117 Commercial Blvd						INSURER E :					
Lauderdale by the Sea FL 33308 COVERAGES CERTIFICATE NUMBER:CL19108337						INSURER F:					
					2 REVISION NUMBER: N ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD						
IN CE	DICATED. NOTWITHSTANDING ANY REQI ERTIFICATE MAY BE ISSUED OR MAY PER ICLUSIONS AND CONDITIONS OF SUCH F	JIREM TAIN,	IENT, THE II	TERM OR CONDITION OF AN NSURANCE AFFORDED BY T	Y CONT	RACT OR OTH	HER DOCUMEN BED HEREIN I	NT WITH RESPECT TO WHIC	H THIS		
INSR TYPE OF INSURANCE ADDL SUBR LTR TYPE OF INSURANCE INSD WVD POLICY NUMBER						POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
LIK	COMMERCIAL GENERAL LIABILITY	INSD	WVD	FOLICI NUMBER		(WIW/DD/TTTT)	(WIWI/DD/TTTT)		\$		
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED	\$		
								` '	\$		
								PERSONAL & ADV INJURY	\$		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$		
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$		
	OTHER:								\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO							BODILY INJURY (Per person)	\$		
	ALL OWNED SCHEDULED AUTOS NON-OWNED								\$		
	HIRED AUTOS AUTOS							(Per accident)	\$		
		_							\$		
	UMBRELLA LIAB OCCUR								\$		
	EXCESS LIAB CLAIMS-MADE	1							\$		
A	DED RETENTION \$ WORKERS COMPENSATION	-		AWC1138225		9/30/2019	9/30/2020	X PER OTH-	\$		
Δ.	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE			AWC1136225		9/30/2019	9/30/2020		\$	1 000 000	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A	Y						\$	1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below		-						\$	1,000,000	
	DESCRIPTION OF OPERATIONS BEIOW							E.E. DIOLAGE - I GLIGIT LIWITI	Ψ	1,000,000	
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHICLE	S (AC	ORD 10	1, Additional Remarks Schedule, m	ay be atta	ched if more space	ce is required)				
CERTIFICATE HOLDER						CANCELLATION					
Kilwin's Chocolates Franchise, Inc. & Kilwins Quality Confections Inc. 1050 Bay View Rd						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
Petosky, MI 49770						AUTHORIZED REPRESENTATIVE					
						Trish Warren/TW					

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