

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 09/15/2022

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.

CONTACT Doil Storie	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).										
THE AIDE GROUP STOTE Ageinty THE AIDE GROUP STOTE AGE AGE AGE AGE AGE AGE AGE AGE AGE AG	PROD	UCER									
ADDRESS: Unligistin leagerity.com INSURER(S) AFFORDING COVERAGE INSURER A: The Hartford INSURER B: INSURER C: INSURER C: INSURER D: INSURER E: Parker CO 80138 COVERAGES CERTIFICATE NUMBER: CL199500973 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. INSURER C: INSURER C: INSURER B: INSURER C: INSURER	The A	Ahbe Group - Storie Agency			PHONE (A/C, No, Ext): (303) 841-6458 FAX (A/C, No): (303) 840-7545					340-7545	
Contennial CO 80112-2112 INSURER A: The Hartford INSURER A: The Hartford INSURER B: INSURER C: I	7167 S Alton Way						E-MAIL doil@storieggency.com				
Euclid Avenue Chocolates Corp, DBA: Kilwins Parker 19501 E Mainstreet, Ste 104 Parker CO 80138 Type of Insurance ADDL SUBBR Type of Insurance ADDL SUBBR INSURER B: INSURER B: INSURER B: INSURER C: INSURER B: INSURER C: INSURER E: INSURER F: I							INS	SURER(S) AFFOR	RDING COVERAGE		NAIC#
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COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE \$ 1,000,000	INSR LTR	TYPE OF INSURANCE	TYPE OF INSURANCE INSD WVD POLICY NUMBER					LIMITS			
		COMMERCIAL GENERAL LIABILITY								\$ 1,00	0,000
CLAIMS-MADE CLAIMS-MADE CLAIMS-MADE CLAIMS-MADE \$ 1,000,000		CLAIMS-MADE X OCCUR								\$ 1,00	0,000
MED EXP (Any one person) \$ 10,000									MED EXP (Any one person)	Ψ	
A	Α		Y	Υ	34SBAAB7563		09/05/2022	09/05/2023	PERSONAL & ADV INJURY	\$ 1,00	0,000

LTR	TYPE OF INSURANCE		WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)		
	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR						EACH OCCURRENCE \$ 1,000 DAMAGE TO RENTED \$ 1,000 PREMISES (Ea occurrence) \$ 1,000	0,000
А	GEN'L AGGREGATE LIMIT APPLIES PER:	Y	Y	34SBAAB7563	09/05/2022	09/05/2023	PERSONAL & ADV INJURY \$ 1,000	0,000
	POLICY PROJECT LOC						OLIVLIVAL AGGINEGATE #	0,000
Α	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY	Υ	Y	34SBAAB7563	09/05/2022	09/05/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000 (BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$	0,000
Α	✓ UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED ✓ RETENTION \$ 10,000	Υ	Υ	34SBAAB7563	09/05/2022	09/05/2023	AGGREGATE \$ 1,000	0,000
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		34WECAD8EXR	10/01/2022	10/01/2023	E.L. DISEASE - EA EMPLOYEE \$ 1,000	0,000 0,000 0,000
Α	Business Personal Property Tenant Inprovements & Betterments			34SBAAB7563	09/05/2022	09/05/2023	Bus Pers Prop \$500 Ded 223,8 Tenant Improv \$500 Ded \$185	

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

Kilwins Chocolates Franchise, Inc and Kilwin's Quality Confections, Inc are listed as Additional Insureds on a Primary and Non-Contributory basis with regards to General Liability, Automobile Liability, and Umbrella. Waiver of Subrogation in regards to Workers Compensation/Employers Liability, General Liability, Automobile Liability and Umbrella in favor of Kilwins Chocolates Franchise Inc, and Kilwin's Quality Confections Inc. 30 Notice of Cancellation or Substantial Changes.

CERTIFICAT	E HOLDER		CANCELLATION		
	Kilwins Chocolates Franchise, Inc. Kilwin's 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.		
	1000 Bay View Na		AUTHORIZED REPRESENTATIVE		
	Petoskey	MI 49770	Doil Storis		