

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/18/2021

| THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. 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). | | | | | | | | | | |
| | | | | | | | | | | |
| Olivier-VanDyk Insurance Agency | | | | | NAME: PHONE 616 454 0800 FAX 646 454 7400 | | | | | |
| 2780 44th Street SW | | | | | (A/C, No, Ext): 010-434-0000 (A/C, No): 010-434-7100 | | | | | |
| Wyoming MI 49519 | | | | E-MAIL ADDRESS: certificates@ovdinsurance.com | | | | | | |
| | | | | | INSURER(S) AFFORDING COVERAGE | | | | | |
| | | | | | INSURER A : The Hartford | | | | 57 | |
| INSURED L&WBYTH-01 | | | | INSURER B : | | | | | | |
| L&W By The Colony, LLC L&W By The Sea Corp. | | | | INSURER C : | | | | | | |
| 4989 62nd Ave S | | | | INSURER D : | | | | | | |
| Saint Petersburg FL 33715 | | | | INSURER E : | | | | | | |
| | | | | INSURER F : | | | | | | |
| COVERAGES CERTIFICATE NUMBER: 1481510814 | | | | | 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 | | SUBR WVD | POLICY NUMBER | | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | | | |
| A X COMMERCIAL GENERAL LIABILITY | Y | Y | 81SBAAN3TRV | | 10/8/2021 | 10/8/2022 | | 000,000 | | |
| CLAIMS-MADE X OCCUR | | | | | | | DAMAGE TO RENTED | 000,000 | | |
| | | | | | | | | ,000 | | |
| X Primap//NonContr | | | | | | | | ,000,000 | | |
| CEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | | | 000,000 | | |
| PRO- | | | | | | | | , | | |
| | | | | | | | \$ | 000,000 | | |
| A AUTOMOBILE LIABILITY | Y | Y | 81SBAAN3TRV | | 10/8/2021 | 10/8/2022 | COMBINED SINGLE LIMIT (Ea accident) \$1 | 000,000 | | |
| ANY AUTO | | | | | | BODILY INJURY (Per person) \$ | | | | |
| OWNED AUTOS ONLY AUTOS | | | | | | BODILY INJURY (Per accident) \$ | | | | |
| X HIRED X AUTOS ONLY AUTOS AUTOS AUTOS ONLY X AUTOS ONLY X AUTOS ONLY | | | | | | | PROPERTY DAMAGE \$ | | | |
| | | | | | | | \$ | | | |
| A X UMBRELLA LIAB X OCCUR | Y | Y | 81SBAAN3TRV | | 10/8/2021 | 10/8/2022 | EACH OCCURRENCE \$2 | 000,000 | | |
| EXCESS LIAB CLAIMS-MADE | | | | | | | AGGREGATE \$2 | 000.000 | | |
| DED RETENTION \$ | | | | | | | \$ | , | | |
| A WORKERS COMPENSATION | | Y | 81WECAN3TTM | | 10/8/2021 | 10/8/2022 | X PER OTH- STATUTE ER | | | |
| AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE | | | | | | | | 000,000 | | |
| OFFICER/MEMBER EXCLUDED? | | | | | E.L. DISEASE - EA EMPLOYEE \$1 | , | | | | |
| If yes, describe under | | | | | | | | | | |
| DÉSCRIPTION OF OPERATIONS below | | | | | | | E.L. DISEASE - POLICY LIMIT \$1 | 000,000 | | |
| | | | | | | | | | | |
| | | | | | | | N | | | |
| DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Location 1: 5752 Grandscape Blvd, The Colony, TX 75056 | | | | | | | | | | |
| Location 2: 222 Beach Dr NE, Saint Petersburg, FL 33701 | | | | | | | | | | |
| A 30 day notice of cancellation applies. | | | | | | | | | | |
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| CERTIFICATE HOLDER | | | | | CANCELLATION | | | | | |
| | | | | | | | | | | |
| | | | | | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN | | | | | |
| Kilwing Chasalatas Franch | ico l | 20 | | | | | Y PROVISIONS. | JELIVERED | | |
| Kilwins Chocolates Franchise Inc. Kilwins Quality Confections Inc. | | | | | | | | | | |
| 1050 Bay View Rd | | | | AUTHORIZED REPRESENTATIVE | | | | | | |
| Petoskeý MI 49770 | | | | Rookidar | | | | | | |
| | | Dec | Carrytim | | | | | | | |

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