

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/06/2023

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).									
PRODUCER					CONTACT Heidi Ferrara				
John J. Clarke Insurance Inc					NAME: Field Ferraria PHONE (401) 821-7330 (A/C, No, Ext): (401) 821-7332				
Citizens Bank Building					E-MAIL ADDRESS:				
1226 Main St, Ste 1					INSURER(S) AFFORDING COVERAGE NAIC #				
West Warwick RI 02893					INSURER A: United Ohio Insurance Company 1				
INSURED					INSURER B :				
The Sailors Sweet Tooth, Inc, Kilwins					INSURER C :				
420 Broadway					INSURER D :				
					INSURER E :				
					INSURER F :				
COVERAGES CERTIFICATE NUMBER: CL236604255 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	ADDL	SUBR	POLICY NUMBER		POLICY EFF	POLICY EXP	LIMITS		
LTR TYPE OF INSURANCE	INSD	WVD			(MM/DD/YYYY)	(MM/DD/YYYY)		,000,000	
							DAMAGE TO DENTED	00,000	
							MED EXP (Any one person) \$ 5	,000	
A	Y	Y	CPP0032757		06/20/2023	06/20/2024		,000,000	
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$ 2	,000,000	
							PRODUCTS - COMP/OP AGG \$ 2	,000,000	
OTHER:							\$		
						00/00/0004	COMBINED SINGLE LIMIT (Ea accident)		
	Y		00000777				BODILY INJURY (Per person) \$		
		Y	CPP0032757		06/20/2023	06/20/2024	BODILY INJURY (Per accident) \$		
							(Per accident)	,000,000	
							1	,000,000	
A EXCESS LIAB CLAIMS-MADE	Y	Y	CX 0004518		06/20/2023	06/20/2024		,000,000	
DED RETENTION \$							AGGREGATE \$ 1		
WORKERS COMPENSATION							PER OTH- STATUTE ER		
AND EMPLOYERS' LIABILITY Y / N ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT \$		
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE \$		
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) The Sailors Sweet Tooth II, LLC Location: 359 Thames St. Unit E Newport RI 02840 and 262 Thames St Newport RI 02840 ***Kilwins Chocolates Franchise, Inc., and Kilwin's Quality Confections Inc. are listed as Additional Insured on a Primary Non-contributory basis with a waiver of subrogation in regards to General Liability. Hired and Non-Owned Auto Liability and Umbrella in favor of Kilwins Chocolates Franchise, Inc., and Kilwin's Quality written notice of cancelation.									
CERTIFICATE HOLDER					CANCELLATION				
Kilwins Chocolate Franchise Inc. 1050 Bay View Road					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
Petoskey MI 49770									
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