

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

					<u> </u>			1/2	29/2024	
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 NAME:									
Olivier-VanDyk Insurance Agency					PHONE (A/C, No, Ext): 616-454-0800 FAX (A/C, No): 616-454-7100					
2780 44th Street SW										
Wyoming MI 49519					ADDRESS: certificates.sbu@ovdinsurance.com INSURER(S) AFFORDING COVERAGE NAIC #					
					INSURER(S) AFFORDING COVERAGE					
					INSURER A : The Hartford					
INSURED NAPLCON-01 Naples Confections, LLC					INSURER B :					
14725 Reserve Lane					INSURER C :					
Naples FL 34109					INSURER D :					
					INSURER E :					
					INSURER F :					
COVERAGES CERTIFICATE NUMBER: 1848465964					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)	LIMIT	s		
A X COMMERCIAL GENERAL LIABILITY	Y	Y	81SBMAF2JFG		1/31/2024	1/31/2025	EACH OCCURRENCE	\$ 1,000	,000	
CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000		
								\$ 10,00		
X Primary/NonContr							MED EXP (Any one person)			
							PERSONAL & ADV INJURY	\$ 1,000		
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$2,000		
POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$2,000	,000	
OTHER:							COMBINED SINGLE LIMIT	\$		
	Y	Y	81SBMAF2JFG		1/31/2024	1/31/2025	(Ea accident)			
ANY AUTO							BODILY INJURY (Per person)	\$		
OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per accident)	, ,		
X HIRED X AUTOS NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
								\$		
A X UMBRELLA LIAB X OCCUR	Y	Y	81SBMAF2JFG		1/31/2024	1/31/2025	EACH OCCURRENCE	\$ 1,000	000	
EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$ 1,000		
	-						AGGREGATE		,000	
A WORKERS COMPENSATION		Y	81WECAF2JHN		1/31/2024	1/31/2025	X PER OTH-	\$		
AND EMPLOYERS' LIABILITY Y / N				1/01/2024	1/01/2020	STATUTE ER				
ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT \$1,000,000			
(Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE \$1,000,00		,000	
DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$1,000	,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)										
9106 Strada Place, Naples, FL 34108										
CERTIFICATE HOLDER CANCELLATION										
Kilwins Chocolates Franchise Inc. Kilwins Quality Confections Inc. 1050 Bay View Rd Petoskey MI 49770					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					

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