



ADDITIONAL REMARKS SCHEDULE

AGENCY Everett Financial Group, LLC dba GreatFlorida Insurance		NAMED INSURED JLS-1 LLC dba Kilwin's Chocolates 160 BOARDWALK PLACE E MADEIRA BEACH, FL 33708	
POLICY NUMBER 84 SBM AJ1787 SA		EFFECTIVE DATE: 11/29/2023	
CARRIER Twin City Fire Insurance Company	NAIC CODE		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 **FORM TITLE:** Certificate of Liability Insurance

Umbrella coverage is follow form.
30 days notice of cancellation or non-renewal must be provided to Franchisor on all coverages.
Coverages listed are minimum requirements.
Carriers must be A-Rated or better by AM Best.