ACORD	FICATE OF LI	ABILITY II	NSURANO	SE [DATE (MM/DD/YYYY) 3/2/2023
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 JOE O'Neil					
Pie Insurance Services					
1755 Blake Street 5th Floor	PHONE (A'C, No, Ext): (908) 202-5139 (A'C, No):				
Denver, CO 80202 Email ARDMORE@KILWINS.COM Address:					
00001	INSURER(S) AFFORDING COVERAGE				NAIC #
	INSURER A: SIRIUSPOINT AMERICA INSURANCE COMPANY				38776
INSURED	INSURER B:				
Sugarush Enterprises Inc. 85 Coulter Ave	INSURER C:				
more, PA 19003-2412 INSURER D:					
	INSURER E:	INSURER E:			
	INSURER F:	INSURER F:			
COVERAGES CERTIFICATE NUM	IBER:		R	EVISION NUMBER:	I
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.					
		POLICY EFF (MM/DD/YY)	POLICY EXP	ЦМІТЯ	6
LTR COMMERCIAL GENERAL LIABILITY			(MM/ DD/ YY)	EACH OCCURRENCE	\$
│ │ ╡─┐ ┌─┐ │ │				DAMAGE TO RENTED	\$
				PREMISES (Ea occurrence)	
				MED. EXP (Any one person)	\$
				PERSONAL & ADV INJURY	\$
				GENERAL AGGREGATE PRODUCTS - COMP/ OP AGG.	\$ \$
OTHER				PRODUCTS - COWIF/ OF AGG.	\$
				COMBINED SINGLE LIMIT	\$
				(Ea accident)	
				BODILY INJURY (Per person)	\$
OWNED AUTOS ONLY AUTOS				BODILY INJURY (Per accident)	\$
HIRED NON-OWNED AUTOS ONLY AUTOS ONLY				PROPERTY DAMAGE (Per accident)	\$
					\$
UMBRELLA LIAB OCCUR				EACH OCCURRENCE	\$
EXC ESS LIAB CLAIMS - MADE				AGGREGATE	\$
DED RETENTION \$					\$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N				X PER OTH -	
	WC67983-01	2/14/2023	2/14/2024	E.L. EACH ACCIDENT	\$ 1,000,000
OFFICER/MEMBER EXCLUDED?				E.L. DISEASE - EACH EMPLOYEE	\$ 1,000,000
If yes, describe under				e.l. disease - policy limit	\$ 1,000,000
DESCRIPTION OF OPERATIONS below					+ _/,
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) PROOF OF INSURANCE - FOR REFERENCE ONLY.					
	01111.				
CERTIFICATE HOLDER		CANCELLATION			
SUGARUSH ENTERPRISES INC. DBA KILWINS CHOCOLATES		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.			
85 COULTER AVE		AUTHORIZED REPRESENTATIVE			
ARDMORE, PA 19003-2412		AUTHORIZED REPRESENTATIVE			
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WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

This agreement shall not operate directly or indirectly to benefit anyone not named in the Schedule.

Schedule

ANY PERSON OR ORGANIZATION AS REQUIRED BY WRITTEN CONTRACT WITHIN STATES COVERED UNDER THIS POLICY

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated. (The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective 02-14-23 Policy No. WC67983 Insured Sugarush Enterprises Inc.

Endorsement No. Premium \$ Incl.

Insurance Company SiriusPoint America Insurance Company

Countersigned By _____