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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/01/2021

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).												
	DUCER	/ 1110	0011		CONTA			ssing Insurance Agency, In	IC.			
Automatic Data Processing Insurance Agency, Inc.					NAME: Automatic Data Processing insurance Agency, inc. PHONE FAX (A/C, No, Ext): FAX E-MAIL (A/C, No): ADDRESS: FAX							
1 Adp Boulevard					INSURER(S) AFFORDING COVERAGE NAIC #							
Ros	eland			NJ 07068	INSURER A : Hartford Casualty Insurance Company					29424		
INSURED Chocolate Girl Explosion Inc					INSURER B :							
	4800 S King Dr				INSURER C :							
					INSURER E :							
	Chicago	IL 606151312			INSURER F :							
				NUMBER: 2212042	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		ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS				
	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR							DAMAGE TO RENTED	\$ \$			
								MED EXP (Any one person)	\$			
								PERSONAL & ADV INJURY	\$			
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$			
									\$ \$			
	OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT	⊅ \$			
	ANY AUTO							(Ea accident)	\$			
	OWNED SCHEDULED							,	\$			
	AUTOS ONLY AUTOS HIRED NON-OWNED AUTOS ONLY AUTOS ONLY								\$			
								· · · · · · · · · · · · · · · · · · ·	\$			
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$			
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$			
	DED RETENTION \$								\$			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				06/01/2021		06/01/2022	PER OTH- STATUTE ER				
А			Y	Y 76WEGAL7G7H		06/01/2021			\$ 1,000,000			
	(Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE	4 000 000			
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	ş 1,00	,000		
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (A	CORE	101, Additional Remarks Schedu	ile, may k	e attached if mor	e space is requir	red)				
CEF	RTIFICATE HOLDER				CAN	ELLATION						
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEF THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED ACCORDANCE WITH THE POLICY PROVISIONS.												
Petoskey			MI 49770			AUTHORIZED REPRESENTATIVE						
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