

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 04/15/2021

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).

	SUBROGATION IS WAIVED, subject is certificate does not confer rights to							require an endorsemen	it. A S	statement on	
PRODUCER					CONTACT NAME: Bill Falcone						
700 11th Street South					PHONE (A/C, No, Ext): (239) 331-8595 FAX (A/C, No): (239) 331-8589						
700 11th Street South						E-MAIL ADDRESS: bill@abnaples.com					
						INSURER(S) AFFORDING COVERAGE				NAIC #	
Naples, FL 34102					INSURER A: Nationwide Insurance Company						
INSURED						INSURER B:					
Sue's Sweet Shop of Naples LLC					INSURER C:						
743 5th Ave S				INSURER D:							
					INSURER E :						
Naples				FL 34102	INSURER F:						
				NUMBER:	REVISION NUMBER:						
IN C E	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	QUIF PERT POLI	REMEI ΓΑΙΝ,	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN ED BY	IY CONTRACT THE POLICIE REDUCED BY	FOR OTHER ES DESCRIBE PAID CLAIMS.	DOCUMENT WITH RESPE D HEREIN IS SUBJECT T	CT TO	WHICH THIS	
INSR LTR			WVD	POLICY NUMBER		(MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT			
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE \$ DAMAGE TO RENTED		00,000	
	CLAIMS-MADE X OCCUR							PREMISES (Ea occurrence)	*	0,000	
		Υ						MED EXP (Any one person)	\$ 10,		
Α			Υ	ACP 3200233792-00		01/15/2021	01/15/2022	PERSONAL & ADV INJURY		00,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE		00,000	
	X POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$ 2,0	00,000	
	OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT		00,000	
Α	ANY AUTO							(Ea accident) BODILY INJURY (Per person)	\$ 1,0	00,000	
	OWNED AUTOS ONLY AUTOS HIRED NON-OWNED			ACP 3200233792-00		01/15/2021	01/15/2022	BODILY INJURY (Per accident)	\$		
								PROPERTY DAMAGE (Per accident)	\$		
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$		
	X UMBRELLA LIAB X OCCUR					01/15/2022	EAGU GOOLIDDENGE		00,000		
Α	EXCESS LIAB CLAIMS-MADE		Υ	ACP 3200233792-00			01/15/2021	AGGREGATE		00,000	
,,	CLAIWS-WADL	Υ	•	7101 0200200702 00		01/10/2021	01/10/2022	AGGREGATE	\$ 1,0	00,000	
	WORKERS COMPENSATION							PER OTH- STATUTE ER	φ		
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE							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	\$		
	BESCHI HON OF OF ENAMONO BEIOW							E.E. DIOE/IOE T GEIGT EIWIT	Ψ		
Kilv reg	CRIPTION OF OPERATIONS / LOCATIONS / VEHICI vins Chocolates Franchise, Inc.and Kilw ards to General Liability Waiver of Sub vin's Quality Confections, Inc. 30 days n	in's C rogat	Quality tion w	y Confections Inc. are listed rith regards to General Liab	d as Ad oility an	lditional Insur d Umbrella po	ed on Primary olicie in favor	and Non-Contributory ba			
CERTIFICATE HOLDER						CANCELLATION					
Kilwins Chocolates Franchise Inc						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
Kilwin's Quality Confections Inc						AUTHORIZED REPRESENTATIVE					

1050 Bay View Road Petoskey, MI 49770