



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/11/2021

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 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).

|   |   |                                     |               |
|---|---|-------------------------------------|---------------|
| <b>PRODUCER</b><br>Gracey-Backer Inc.<br>275 George Bush Boulevard<br>Delray Beach FL 33444           | <b>CONTACT NAME:</b> Kathy Warne<br><b>PHONE (A/C, No, Ext):</b> (561)276-6055<br><b>E-MAIL ADDRESS:</b> kathyw@gbifl.com | <b>FAX (A/C, No):</b> (561)265-0034 |               |
|   | <b>INSURER(S) AFFORDING COVERAGE</b>  |                                     | <b>NAIC #</b> |
| <b>INSURED</b><br>PB Confections, LLC<br>400 Quiet Waters Beach Blvd<br>Suite 2<br>Pensacola FL 32561 | <b>INSURER A:</b> United States Liability Insurance Group   |                                     |               |
|   | <b>INSURER B:</b> United States Liability Insurance Group   |                                     |               |
|   | <b>INSURER C:</b>   |                                     |               |
|   | <b>INSURER D:</b>   |                                     |               |
|   | <b>INSURER E:</b>   |                                     |               |
|   | <b>INSURER F:</b>   |                                     |               |

**COVERAGES**

CERTIFICATE NUMBER: CL215440002

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   | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                    |             |
|----------|---|-----------|----------|---------------|-------------------------|-------------------------|---|-------------|
| A        | <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: |           |          | GL1096106     | 4/30/2021               | 4/30/2022               | EACH OCCURRENCE                           | \$ 100000   |
|          |   |           |          |               |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 100000   |
|          |   |           |          |               |                         |                         | MED EXP (Any one person)                  | \$ 10000    |
|          |   |           |          |               |                         |                         | PERSONAL & ADV INJURY                     | \$ 1000000  |
|          |   |           |          |               |                         |                         | GENERAL AGGREGATE                         | \$ 2000000  |
|          |   |           |          |               |                         |                         | PRODUCTS - COMP/OP AGG                    | \$ 2000000  |
|          |   |           |          |               |                         |                         |   | \$          |
|          | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS<br><input checked="" type="checkbox"/> HIRED AUTOS<br><input type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> NON-OWNED AUTOS      |           |          | GL1096106     | 4/30/2021               | 4/30/2022               | COMBINED SINGLE LIMIT (Ea accident)       | \$ 1000000  |
|          |   |           |          |               |                         |                         | BODILY INJURY (Per person)                | \$          |
|          |   |           |          |               |                         |                         | BODILY INJURY (Per accident)              | \$          |
|          |   |           |          |               |                         |                         | PROPERTY DAMAGE (Per accident)            | \$          |
|          |   |           |          |               |                         |                         |   | \$          |
|          | <b>UMBRELLA LIAB</b><br><input type="checkbox"/> EXCESS LIAB<br><input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$  |           |          |               |                         |                         | EACH OCCURRENCE                           | \$          |
|          |   |           |          |               |                         |                         | AGGREGATE                                 | \$          |
|          |   |           |          |               |                         |                         |   | \$          |
|          | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below   | Y/N       | N/A      |               |                         |                         | PER STATUTE                               | OTH-ER      |
|          |   |           |          |               |                         |                         | E.L. EACH ACCIDENT                        | \$          |
|          |   |           |          |               |                         |                         | E.L. DISEASE - EA EMPLOYEE                | \$          |
|          |   |           |          |               |                         |                         | E.L. DISEASE - POLICY LIMIT               | \$          |
| B        | Commercial Umbrella   |           |          | CUP1565714    | 4/30/2021               | 4/30/2022               | EACH OCCURRENCE                           | \$1,000,000 |
|          |   |           |          |               |                         |                         | GENERAL AGGREGATE                         | \$1,000,000 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER ADDED AS ADDITIONAL INSURED ONLY AS THEIR INTERESTS MAY APPEAR. \*\*Waiver & Subrogation and Primary Non-Contributory endorsements in favor of Kilwin's Chocolates.

**CERTIFICATE HOLDER****CANCELLATION**

|   |  |
|---|--|
| Kilwin's Chocolates Franchise, Inc.<br>& Kilwins Quality Confections Inc<br>1050 Bay View Rd<br>Petosky, 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.<br><br>AUTHORIZED REPRESENTATIVE<br>D Vashon, CPCU/DV  |
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