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DATE (MM/DD/YYYY)

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Æ		CE	RI		BILI	I Y INS	URANC	E	3/	2/2017	
Tł	HIS CERTIFICATE IS ISSUED	AS A M	A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFIC							CATE 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).											
Presby & Associates, Inc						NAME: Shelley Cascellanos   PHONE (305)670-4411 FAX (A/C, No): (305)670-0317					
9100 S Dadeland Blvd						E-MAIL ADDRESS: Sherley@presbyonline.com					
Suite # 1710						INSURER(S) AFFORDING COVERAGE					
Miami FL 33156						INSURER A: Standard Fire Insurance Co.					
INSURED						INSURER B:Travelers Companies Inc.					
Ed's Delight, LLC						INSURER C :					
DBA: Kilwins of Hollywood						INSURER D :					
- 1907 Hollywood Blvd						INSURER E :					
Hollywood FL 33020						INSURER F :					
COVERAGES CERTIFICATE NUMBER:17/18 Master 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	A	DDL SI NSD W			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	rs		
	X COMMERCIAL GENERAL LIABILIT	Y						EACH OCCURRENCE	\$	1,000,000	
Α		R						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000	
			x	I-660-9C149878-COF-17		3/2/2017	3/2/2018	MED EXP (Any one person)	\$	10,000	
								PERSONAL & ADV INJURY	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER	R:						GENERAL AGGREGATE	\$	2,000,000	
	X POLICY PRO- JECT LOC	:						PRODUCTS - COMP/OP AGG	\$	2,000,000	
	OTHER:								\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
								BODILY INJURY (Per person)	\$		
	ALL OWNED SCHEDULI AUTOS AUTOS NON-OWN			I-660-9C149878-COF-17		3/2/2017	3/2/2018	BODILY INJURY (Per accident) PROPERTY DAMAGE			
	X HIRED AUTOS X AUTOS							(Per accident)	\$		
								HNOA	\$	1,000,000	
	X UMBRELLA LIAB X OCCU	R						EACH OCCURRENCE	\$	1,000,000	
в	EXCESS LIAB CLAIM	S-MADE						AGGREGATE	\$	1,000,000	
	DED RETENTION \$			CUP-002J584908		3/2/2017	3/2/2018	PER OTH-	\$		
	AND EMPLOYERS' LIABILITY	Y/N						STATUTE	──		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	- N	I/A					E.L. EACH ACCIDENT	\$		
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYE			
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
DESC	CRIPTION OF OPERATIONS / LOCATIONS			CORD 101 Additional Remarks Sched	lulo mav	be attached if m	ore space is requ	uired)			
	lwins Chocolates Franc								onal :	insured	
und	der the General Liabil	ity po	olic	y where required by	writ	ten contr	act. Pr	imary Non-Contrib	outory	y and	
	iver of Subrogation is						-				
-	emium, only 10 days no	tice c	of c	ancellation shall be	e giv	en. **Wh	ere Admit	ted and Subject	to Po	olicy	
Ter	rms & Conditions.**										
051											
CERTIFICATE HOLDER						CANCELLATION					
						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE					
Kilwins Chocolates Franchise, Inc.						THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN					
Kilwin's Quality Confections Inc. 1050 Bay View Road. Petoskey, MI 49770						ACCORDANCE WITH THE POLICY PROVISIONS.					
						AUTHORIZED REPRESENTATIVE					

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