

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 03/27/2018

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 NAME: Mike Presby										
Presby & Associates, Inc	NAME: FAX FAX PHONE (305) 670-4411 FAX (A/C, No): (305) 670-0317									
9100 S Dadeland Blvd					(A/C, No, Ext): (000) 010 1111 E-MAIL ADDRESS:					
Suite # 1710	ADDRESS: INSURER(S) AFFORDING COVERAGE NAIC #									
Miami FL 33156					INSURER A : Standard Fire Insurance Co.					
INSURED	INSURER B : The Travelers Indemnity Co.					25658				
Ed's Delight, LLC, DBA: Kilwins of Hollywood										
1907 Hollywood Blvd					INSURER C :					
Hollywood			FL 33020	INSURE						
				INSURE	<pre></pre>					
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 TYPE OF INSURANCE	INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT			
							EACH OCCURRENCE DAMAGE TO RENTED	φ	0,000	
CLAIMS-MADE 🔀 OCCUR							PREMISES (Ea occurrence)	_{\$} 100,		
							MED EXP (Any one person)	_{\$} 10,0		
A	. Y	Y	I-660-9C149878-COF-18		03/02/2018	03/02/2019	PERSONAL & ADV INJURY	Ψ	0,000	
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	φ.	0,000	
							PRODUCTS - COMP/OP AGG	\$ 2,00	0,000	
OTHER:							HNO AUTO	\$ 1,00	0,000	
AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
ANY AUTO			BODILY INJURY (Per person)	\$						
OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$		
HIRED NON-OWNED AUTOS ONLY AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
								\$		
					03/02/2018	03/02/2019	EACH OCCURRENCE	<mark>\$</mark> 1,00	0,000	
B EXCESS LIAB CLAIMS-MADI	:		CUP-2J584908-18-42				AGGREGATE	\$ 1,000,000		
DED RETENTION \$							\$			
WORKERS COMPENSATION							PER OTH- STATUTE ER	Ψ.		
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT \$			
OFFICER/MEMBER EXCLUDED?	N/A						E.L. DISEASE - EA EMPLOYEE \$			
If yes, describe under DESCRIPTION OF OPERATIONS below										
DESCRIPTION OF OPERATIONS DEIOW	+	-					E.L. DISEASE - POLICY LIMIT	\$		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	ES (AC	ORD 1	01, Additional Remarks Schedule,	may be at	tached if more sp	ace is required)				
Kilwins Chocolates Franchise, Inc. and Kilwins Quality Confections Inc. is added as additional insured under the General Liability policy where required by written contract. Primary Non-Contributory and Waiver of Subrogation is included under the General Liability policy. In the event of non-payment of premium, only 10 days notice of cancellation shall be given. **Where Admitted and Subject to Policy Terms & Conditions.**										
CERTIFICATE HOLDER	CANCELLATION									
Kilwins Chocolates Franchise, Inc., Kilwin's Quality Confections Inc. 1050 Bay View Road.					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE					
Petoskey			MI 49770			a 1099 0015	Cord Corporation.	A 11 -1 - 1		

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CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY) 03/27/2018

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PRO	DUCE	R			CONTACT Kisstin Baker							
Pre	sby 8	Associates, In	с		PHONE (A/C, No, Ext): (305) 670-4411 FAX (A/C, No): (305) 670-0317							
910	0 S E	Dadeland Blvd			E-MAIL ADDRESS:							
Sui	e # 1	710				00003487						
Mia	mi			FL 33156						NAIC #		
INSU	RED				INSURER A: Ba	INSURER A: Bass Underwriter of Fla LLC						
Ed'	s Deli	ight, LLC, DBA:	Kilwins of Hollyw	ood	INSURER B :							
190	7 Ho	llywood Blvd			INSURER C :							
					INSURER D :							
Hollywood FL 33020					INSURER E :	INSURER E :						
						INSURER F :						
		AGES		CERTIFICATE NUMBER: 18/19 Mas		REVISION NUMBER:						
LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required) 1907 Hollywood Blvd, Hollywood, FL, 33020 THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD												
IN C E	IDICA ERTII	TED. NOTWITH	ISTANDING ANY F	IS OF INSURANCE LISTED BELOW HAVE BE REQUIREMENT, TERM OR CONDITION OF A PERTAIN, THE INSURANCE AFFORDED BY CH POLICIES. LIMITS SHOWN MAY HAVE BI	NY CONTRACT OR O THE POLICIES DESC EEN REDUCED BY P	OTHER DOCUMENT N CRIBED HEREIN IS S AID CLAIMS.	WITH	RESPECT TO WHICH	THIS			
INSR LTR		TYPE OF IN	SURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)		COVERED PROPERTY		LIMITS		
	×	PROPERTY						BUILDING	\$			
	CAL	JSES OF LOSS	DEDUCTIBLES				X	PERSONAL PROPERTY		,000		
		BASIC	BUILDING				X	BUSINESS INCOME	\$ 120,000			
		BROAD	CONTENTS	-	02/15/2018	02/15/2019		EXTRA EXPENSE	\$NG \$			
	×	SPECIAL	1,000					RENTAL VALUE				
A		EARTHQUAKE		SAF000032				BLANKET BUILDING				
	×	WIND	5%	5A1 000032				BLANKET PERS PROP				
	FLOOD							BLANKET BLDG & PP	\$			
	\times	BI - 1/12					\mathbf{X}	Tenant Imp & Betts	_{\$} 185	,000		
							\times	Replacement Cost	\$			
		INLAND MARINE	E	TYPE OF POLICY					\$			
	CAUSES OF LOSS				-				\$			
	NAMED PERILS			POLICY NUMBER					\$			
									\$			
		CRIME						-	\$			
	TYPE OF POLICY							-	\$			
BOILER & MACHINERY / EQUIPMENT BREAKDOWN									\$			
									\$			
<u> </u>							<u> </u>		\$			
							<u> </u>	4	\$			
									\$			
			-	ACORD 101, Additional Remarks Schedule, may be a only 10 days notice of cancellation shall be	-		Poli	cy Terms & Conditions.'	**			
			D									
CERTIFICATE HOLDER Kilwins Chocolates Franchise, Inc., Kilwin's Quality Confections Inc. 1050 Bay View Road.					SHOULD ANY THE EXPIRAT ACCORDANC	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
Petoskey MI 49770					AUTHORIZED REF	AUTHORIZED REPRESENTATIVE						
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