

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 02/24/2022

150 SAWGRASS DR ROCHESTER, NY 14620 (877) 362-6785 E-MAIL ADDRESS: paychex@travelers.com INSURED EDS DELIGHT 2080 NE 186TH DR NORTH MIAMI BEACH, FL 33179 INSURER A : THE TRAVELERS INDEMNITY COMPANY OF AMER INSURER D : INSURER D : INSURER D : INSURER D : INSURER F : COVERAGES CERTIFICATE NUMBER: 305232735311550 REVISION NUME REVISION NUME INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH F	Sement. A s No): (877) 677 IICA SER: FOR THE POR RESPECT TO	ALICY PERIOD WHICH THIS
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INSR LTR TYPE OF INSURANCE ADDL SUBR INSD WVD POLICY NUMBER POLICY EFF POLICY EXP (MM/DD/YYYY) (MM/DD/YYYY)		
COMMERCIAL GENERAL LIABILITY	\$	
CLAIMS-MADE OCCUR DAMAGE TO RENTED		
MED EXP (Any one per	rson) \$	
PERSONAL & ADV IN	JURY \$	
GEN'L AGGREGATE LIMIT APPLIES PER:	E \$	
POLICY PRO- JECT LOC PRODUCTS - COMP/C	PAGG \$	
OTHER:	\$	
AUTOMOBILE LIABILITY	Ψ	
ANY AUTO	berson) \$	
OWNED AUTOS ONLY HIRED NON-OWNED BODILY INJURY (Per	accident) \$	
AUTOS ONLY AUTOS ONLY PROPERTY DAMAGE (Per accident)	\$	
	\$	
UMBRELLA LIAB OCCUR EACH OCCURRENCE EXCESS LIAB CLAIMS-MADE DOCCURRENCE	\$	
DED RETENTION \$	\$	
A WORKERS COMPENSATION N/A X UB-8M763839-22 03/08/2022 03/08/2023 X PER STATUTE	\$ OTH- ER	
AND EMPLOYERS' LIABILITY Y/N		
ANY PROPRIETOR/PARTNER/EXECUTIVE E.L. EACH ACCIDENT OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. DISEASE - EA EM		000,000
lf yes, describe under		00,000
DÉSCRIPTION OF OPERATIONS below E.L. DISEASE - POLIC		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) AN ENDORSEMENT HAS BEEN ADDED TO THE POLICY (OR POLICIES) THAT PROVIDES 30 DAY EARLIER NOTICE OF CANCELLATION, SUBJECT TO THE TERMS OF THAT ENDORSEMENT. AS RESPECTS TO WORKERS COMPENSATION COVERAGE, WC 00 03 13 (00) WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT HAS BEEN ATTACHE TO THE POLICY. KILWINS CHOCOLATE FRANCHISE INC AND KILWINS QUALITY CONFECTIONS IS LISTED IN THE ENDORSEMENT SCHEDULE AS A DESIGNATED PERSON OR ORGANIZATION.	D	
ERTIFICATE HOLDER CANCELLATION		
LWINS CHOCOLATE FRANCHISE INC SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFO ND KILWINS QUALITY CONFECTIONS THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED 150 BAY VIEW RD ACCORDANCE WITH THE POLICY PROVISIONS.		
ETOSKEY, MI 49770 AUTHORIZED REPRESENTATIVE		
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