CERTIFICATE OF LIABILITY INSURANCE											
CERTIFICATE OF LIABILITY INSURANCE 3/17/2017 THIS CERTIFICATEIS 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:											
PA	YCHEX INSURANC	CE AGENC	ΥI	NC		Invalue. FAX PHONE [A/C, No. Ext): (A/C, No.): (888) 443-6112					
21	0705 P: F:(88	8) 443-	611	12		E-MAIL ADDRESS:					
PO BOX 33015						INSURER(S) AFFORDING COVERAGE NAIC#					
SAN ANTONIO TX 78265						INSURERA: Twin City Fire Ins Co			29459		
INSURED						INSURER B :					
						INSURER C :					
ED	S DELIGHT LLC				INSURER D :						
19)7 HOLLYWOOD B				INSURER E :						
HO	LLYWOOD FL 330				INSURER F :						
CO	/ERAGES	CE	RTIF	ICAT	E NUMBER:		REVIS	ION 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 INSURA	NCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	TS		
								EACH OCCURRENCE	\$		
	CLAIMS-MADE	OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	Ş		
								MED EXP (Any one person)	Ş		
								PERSONAL & ADV INJURY	Ş		
	GEN'L AGGREGATE LIMIT AP	PLIES PER:						GENERAL AGGREGATE	Ş		
	POLICY PRO- JECT	LOC						PRODUCTS - COMP/OP AGG	\$		
	OTHER:								Ş		
								COMBINED SINGLE LIMIT (Ea accident)	Ş		
	ANY AUTO	HEDULED						BODILY INJURY (Per person)	Ş		
	AUTOS ONLY AU	TOS N-OWNED						BODILY INJURY (Per accident) PROPERTY DAMAGE	\$		
		TOS ONLY						(Per accident)	Ş		
		1							\$		
		OCCUR						EACH OCCURRENCE	Ş		
	EXCESS LIAB	CLAIMS-MADE						AGGREGATE	Ş		
	DED RETENTION \$							v PER OTH-	\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							A STATUTE ER	\$1 000 000		
	ANY PROPRIETOR/PARTNER/EX OFFICER/MEMBER EXCLUDED?		N∕ A			10/01/0010	10/01/0017	E.L. EACH ACCIDENT	\$1,000,000		
A	(Mandatory in NH) If yes, describe under	Y			76 WEG LR5020	10/01/2016	10/01/2017	E.L. DISEASE- EA EMPLOYEE	\$1,000,000		
	DESCRIPTION OF OPERATIO	NS below						E.L. DISEASE - POLICY LIMIT	\$1,000,000		
DESC	RIPTION OF OPERATIONS / LOCA			D 101	Additional Romarke Schodulo	nav be attached if more chao	a is required)				
						hay be attached it more space	e is required)				
Those usual to the Insured's Operations.											
Use Language on											
	Template										
CERTIFICATE HOLDER CANCELLATION											
Kilwins Chocolates Franchise, Inc. SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED											
BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE									BE		
Confections Inc. DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.											
	50 BAY VIEW RI						1				
	TOSKEY, MI 49 ⁻					Jac	Max Maillor				

ACORD	25	(2016/03)
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