

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 03/06/2019

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).										
Fuller Insurance LLC					NAME: Chris Jayne					
PO Box 1583					(<u>A/C, No, Ext):</u> (850) 502-4260 (A/C, No): (850) 895-3109 E-MAIL					
Santa Rosa Beac FL 32459					ADDRESS: chris@fuller.insure					
									NAIC#	
INSURED (850) 837-9445					INSURER A: Southern Owners Ins Co INSURER B: Centauri Specialty Ins Co					
30a Sweets, LLC dba Kilwins					INSURER C:					
625 Grand Blvd, Suite E-102					INSURER D :					
Miramar Beach FL 32550					INSURER E :					
MITAMAT DEACH FL 32550	INSURER F :									
COVERAGES CERTIFICATE NUMBER: Cert ID 1664						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, THEM 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		WVD	POLICY NUMBER	(MM/DE)Y EFF D/YYYY)	(MM/DD/YYYY)		LIMITS		
B X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE DAMAGE TO RENTED		2,000,000	
CLAIMS-MADE X OCCUR	Y	Y	BOP 0000875-02	02/01	/2019	02/01/2020	PREMISES (Ea occurre		500,000	
							MED EXP (Any one pe		5,000	
							PERSONAL & ADV IN		2,000,000 4,000,000	
GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO- JECT LOC							GENERAL AGGREGA		£,000,000 £,000,000	
OTHER:								\$	1,000,000	
	Y	Y	BOP 0000875-02	02/01	02/01/2019	02/01/2020	COMBINED SINGLE L (Ea accident) BODILY INJURY (Per p	÷ -	1,000,000	
OWNED SCHEDULED	1	-		02/01	., 2019	02/01/2020	BODILY INJURY (Per a	. , .		
AUTOS ONLY AUTOS HIRED NON-OWNED AUTOS ONLY AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
AUTOS ONLY AUTOS ONLY								\$		
A X UMBRELLA LIAB X OCCUR	Y	Y	5145553500	10/02	2/2018	10/02/2019	EACH OCCURRENCE	\$ 1	1,000,000	
EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$ 1	1,000,000	
DED X RETENTION \$ 10,000	1						050	\$		
A AND EMPLOYERS' LIABILITY Y / N		Y	78247992	02/01	/2019	02/01/2020	X PER STATUTE	OTH- ER		
ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED? N	N/A						E.L. EACH ACCIDENT		1,000,000	
(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EM		1,000,000	
DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLIC	CY LIMIT \$	1,000,000	
								\$		
								\$		
	LES //	COPD	101. Additional Remarks Schodul	e, may be attach	ad if mor	e space is require	ed)	Ť		
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Kilwins Chocolates Franchise, Inc. and Kilwin's Quality Confections, Inc. are listed as Additional Insured on Primary and Non- Contributory basis with regards to General Liability, Automobile Liability, and Umbrella. Waiver of Subrogation with regards to Workers Compensation, General Liability, Automobile Liability, Umbrella in favor of Kilwins Chocolates Franchise, Inc. and Kilwin's Quality Confections, Inc.										
CERTIFICATE HOLDER					CANCELLATION					
Kilwins Chocolates Franchise, Inc. Kilwin's Quality Confections, Inc.					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
1050 Bay View Road					AUTHORIZED REPRESENTATIVE					
Petoskey MI 49770										
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