

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 04/26/2023

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:										
PAYCHEX INSURANCE AGENCY INC					HONE (A/C, No, Ext): (877) 362-6785 (A/C, No): (877) 677-0447					
225 KENNETH DR					E-MAIL ADDRESS: paychex@travelers.com					
ROCHESTER, NY 14623 (877) 362-6785					INSURER(S) AFFORDING COVERAGE NAIC #					
					INSURER A : TRAVELERS CASUALTY INSURANCE COMPANY OF AMERICA					
					INSURER B :					
MIDTOWN CHOCOLATIERS LLC DBA KILWINS PHILADELPHIA					INSURER C :					
205 TERRACE VIEW CT					INSURER D :					
CHURCHVILLE, MD 21028					INSURER E :					
				INSURER F :						
COVERAGES CER			CAT	E NUMBER: 520292430	251411 REVISION NUMBER:				1	
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		WVD		(MM/DD/YYYY)	(MM/DD/YYYY)	LIM	ITS		
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE DAMAGE TO RENTED	\$		
	CLAIMS-MADE OCCUR						PREMISES (Ea occurrence)	\$		
							MED EXP (Any one person)	\$		
							PERSONAL & ADV INJURY \$			
							GENERAL AGGREGATE \$			
							PRODUCTS - COMP/OP AGG			
-								\$		
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$		
							BODILY INJURY (Per person)	\$		
	OWNED AUTOS ONLY HIRED						BODILY INJURY (Per acciden	t) \$		
	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$		
								\$		
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE \$			
	EXCESS LIAB CLAIMS-MADE DED RETENTION \$						AGGREGATE \$			
	· · · · · · · · · · · · · · · · · · ·							\$		
А	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N	N/A	Х	UB-2W679179-23	01/02/2023	01/02/2024	X PER OTH	·		
	ANY PROPRIETOR/PARTNER/EXECUTIVE						E.L. EACH ACCIDENT	+	000,000	
	(Mandatory in NH)								000,000	
	DÉSCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	۵ ٦,0	000,000	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHI	CLES (ACORD	I 0 101, Additional Remarks Schedule	e, may be attached if r	nore space is required	l d)			
AS R	AS RESPECTS TO WORKERS COMPENSATION COVERAGE, WC 00 (3) 13 00 WAIVER OF RIGHTS TO RECOVER FROM OTHERS HAS BEEN ATTACHED TO THE POLICY IN REGARD TO KALWINS CHOCOLOTES FRANCHISE INC. & KALWINS QUALITY CONFECTIONS INC.									
CERTIFICATE HOLDER					CANCELLATION					
KILWINS CHOCOLATES FRANCHISE, INC & KILWENS QUALITY CONFECTIONS INC 1050 BAY VIEW RD PETOSKEY, MI 49770					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 minhal & mulligan					
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