

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 02/14/2024

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).

this certificate does not comer rights to the certificate noider in fled of such endorsement(s).				
PRODUCER	CONTACT NAME:			
PAYCHEX INSURANCE AGENCY INC 225 KENNETH DR ROCHESTER, NY 14623 (877) 362-6785	PHONE (A/C, No, Ext): (877) 362-6785	FAX (A/C, No): (877) 677-0447		
	E-MAIL ADDRESS: paychex@travelers.com			
	INSURER(S) AFFORDING COVERAGE		NAIC #	
	INSURER A: TRAVELERS CASUALTY INSURANCE COMPANY OF AMERICA			
DBA KILWINS PHILADELPHIA	INSURER B:			
	INSURER C:			
	INSURER D:			
	INSURER E :		_	
	INSURER F:			

## COVERAGES CERTIFICATE NUMBER: 940601047041440 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, 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.

TYPE OF INSURANCE INSD W/D POLICY NUMBER (MM/DD/YYY) (MM/DD/YYY) (MM/DD/YYY) (MM/DD/YYY) (MM/DD/YYYY) (MM/DD/YYYYY) (MM/DD/YYYYY) (MM/DD/YYYYY) (MM/DD/YYYYY) (MM/DD/YYYYY) (MM/DD/YYYYY) (MM/DD/YYYYY) (MM/DD/YYYYYY) (MM/DD/YYYYY) (MM/DD/YYYYY) (MM/DD/YYYYY) (MM/DD/YYYYY) (MM/DD/YYYYY) (MM/DD/YYYYY) (MM/DD/YYYYY) (MM/DD/YYYYY) (MM/DD/YYYYYYYYYYYYYYYYYYYYYYYYYYYYYYYYY		
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(Mandatory in NH) E.L. DISEASE - EA EMPLOYEE   \$ 1,0	ANY OFF (Mai	\$1,000,000
If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT \$1,0		\$1,000,000
	 	\$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
AS RESPECTS TO WORKERS COMPENSATION COVERAGE, WC 00 03 13 00, WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS, HAS BEEN
ATTACHED TO THE POLICY IN REGARD TO KILWINS CHOCOLATES FRANCHISE INC. & KILWENS 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.
1	AUTHORIZED REPRESENTATIVE  Renan M. Beltran

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