

CERTIFICATE OF LIABILITY INSURANCE

CHISHOLML

DATE (MM/DD/YYYY)	
6/6/2022	

PIONVEN-01

				-		6/6/2022
THIS CERTIFICATE IS ISSUED AS A MATTE CERTIFICATE DOES NOT AFFIRMATIVELY O BELOW. THIS CERTIFICATE OF INSURANC REPRESENTATIVE OR PRODUCER, AND THE	OR NEGATIVELY AMEND	, EXTEND OR AL	FER THE CO	OVERAGE AFFORDE	DBYT	IE POLICIES
IMPORTANT: If the certificate holder is an A If SUBROGATION IS WAIVED, subject to the this certificate does not confer rights to the cer	e terms and conditions of	f the policy, certain	policies may			
PRODUCER License # 0E67768		CONTACT NAME:				
Insurance Office of America 500 W. Cypress Creek Road Suite 320		NAME: PHONE (A/C, No, Ext): (954) 318-1379 E-MAIL ADDRESS: E-MAIL			318-1383	
Fort Lauderdale, FL 33309				RDING COVERAGE		NAIC #
		INSURER A : Depositors Insurance Company				42587
INSURED		INSURER B :				
Pioneer Ventures Siesta Key, LLC d	ha Kilwins Siesta Kev	INSURER C :				
1350 5th St., Unit 5	ba kiiwiiis olesta key	INSURER D :				
Sarasota, FL 34236		INSURER E :				
		INSURER F :				
COVERAGES CERTIFICAT	E NUMBER:			REVISION NUMBER		
THIS IS TO CERTIFY THAT THE POLICIES OF IN INDICATED. NOTWITHSTANDING ANY REQUIREM CERTIFICATE MAY BE ISSUED OR MAY PERTAIN EXCLUSIONS AND CONDITIONS OF SUCH POLICIES	NSURANCE LISTED BELOW MENT, TERM OR CONDITIC N, THE INSURANCE AFFOR S. LIMITS SHOWN MAY HAVE	ON OF ANY CONTRA RDED BY THE POLIC BEEN REDUCED BY	CT OR OTHER IES DESCRIE PAID CLAIMS	RED NAMED ABOVE FO R DOCUMENT WITH RES BED HEREIN IS SUBJEC	R THE PO	O WHICH THIS
INSR TYPE OF INSURANCE ADDL SUE	BR POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	u	MITS	
A X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR	ACP 3100316617	5/26/2022	5/26/2023	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000 100,000
				MED EXP (Any one person)	\$	5,000
				PERSONAL & ADV INJURY	\$	1,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:				GENERAL AGGREGATE	\$	2,000,000
X POLICY PRO- JECT LOC				PRODUCTS - COMP/OP AG		2,000,000
OTHER:					\$	
				COMBINED SINGLE LIMIT (Ea accident)	s	1,000,000
	ACP 3100316617	5/26/2022	5/26/2023	BODILY INJURY (Per persor	Ť	
OWNED AUTOS ONLY AUTOS		0/20/2022	0/20/2020	, I	<u> </u>	
AUTOS ONLY AUTOS HIRED NON-OWNED AUTOS ONLY AUTOS ONLY				BODILY INJURY (Per accide PROPERTY DAMAGE (Per accident)	\$	
A X UMBRELLA LIAB X OCCUR					\$	2,000,000
	ACP 3100316617	5/26/2022	5/26/2023	EACH OCCURRENCE	\$	2,000,000
DED RETENTION \$				AGGREGATE	\$,,
WORKERS COMPENSATION				PER OTH STATUTE ER	-	
AND EMPLOYERS' LIABILITY						
ANY PROPRIETOR/PARTNER/EXECUTIVE				E.L. EACH ACCIDENT	\$	
If yes, describe under DESCRIPTION OF OPERATIONS below				E.L. DISEASE - EA EMPLOY		
DÉSCRIPTION OF OPERATIONS below				E.L. DISEASE - POLICY LIM	<u>IT \$</u>	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACO Certificate holder is listed as Additional Insured as r Blanket Waiver of Subrogation and Primary & Non C	RD 101, Additional Remarks Sched required by written contract Contributory applies	ule, may be attached if mo t, agreement.	I re space is requi	I red)		
CERTIFICATE HOLDER		CANCELLATION				
			N DATE TH	DESCRIBED POLICIES BE HEREOF, NOTICE WILL CY PROVISIONS.		
Kilwins Chocolate Franchise, Inc. 1050 Bayview Road ∣Petoskey, MI 49770		AUTHORIZED REPRESE				
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