

**CERTIFICATE OF WORKERS' COMPENSATION INSURANCE (RENEWED)**



SCAN TO VALIDATE  
AND SUBSCRIBE

^^^^^^ 463930502  
FRIEDLANDER GROUP, INC.  
2500 WESTCHESTER AVE - # 400A  
PURCHASE NY 10577

<b>POLICYHOLDER</b> ELMUR FUDGE INC TA KILWINS OF BABYLON 130 DEER PARK AVENUE BABYLON NY 11702		<b>CERTIFICATE HOLDER</b> KILWINS CHOCOLATE FRANCHSE INC 1050 BAY VIEW RD PETOSKEY MI 49770	
<b>POLICY NUMBER</b> G2591 628-9	<b>CERTIFICATE NUMBER</b> 561568	<b>POLICY PERIOD</b> 09/30/2023 TO 09/30/2024	<b>DATE</b> 11/22/2023

THIS IS TO CERTIFY THAT THE POLICYHOLDER NAMED ABOVE IS INSURED WITH THE NEW YORK STATE INSURANCE FUND UNDER POLICY NO. 2591 628-9, COVERING THE ENTIRE OBLIGATION OF THIS POLICYHOLDER FOR WORKERS' COMPENSATION UNDER THE NEW YORK WORKERS' COMPENSATION LAW WITH RESPECT TO ALL OPERATIONS IN THE STATE OF NEW YORK, EXCEPT AS INDICATED BELOW.

**IF YOU WISH TO RECEIVE NOTIFICATIONS REGARDING SAID POLICY, INCLUDING ANY NOTIFICATION OF CANCELLATIONS, OR TO VALIDATE THIS CERTIFICATE, VISIT OUR WEBSITE AT [HTTPS://WWW.NYSIF.COM/CERT/CERTVAL.ASP](https://www.nysif.com/cert/certval.asp). THE NEW YORK STATE INSURANCE FUND IS NOT LIABLE IN THE EVENT OF FAILURE TO GIVE SUCH NOTIFICATIONS.**

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS NOR INSURANCE COVERAGE UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICY.

NEW YORK STATE INSURANCE FUND

DIRECTOR, INSURANCE FUND UNDERWRITING

VALIDATION NUMBER: 165772281