

CERTIFICATE OF LIABILITY INSURANCE

JTAGUE DATE (MM/DD/YYYY)

GREEENT-02

			•••				-	4/	24/2023
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.									
lf	IPORTANT: If the certificate holde SUBROGATION IS WAIVED, subje is certificate does not confer rights t	ct to	the	terms and conditions of	the policy, certain	policies may			
	DUCER				CONTACT NAME:	·/·			
	Arthur Associates, Inc.				PHONE (A/C, No, Ext): (407) 699-9930 FAX (A/C, No): (407) 699-5626				
	6 Red Bug Lake Road ter Springs, FL 32708				E-MAIL ADDRESS:		(AU), NO). (- /	
						SURER(S) AFFOR	RDING COVERAGE		NAIC #
					INSURER A : Hartfo	rd Insurance	9		38261
INSU	RED				INSURER B : The Travelers Indemnity Company				
	Green Enterprises I, LLC.				INSURER C : Lloyd's of London				11220
	8 Georgetown Avenue Rosemary Beach, FL 32461				INSURER D :				
	Rosemary Beach, i E 52401			INSURER E :					
		TIEL			INSURER F :				
	VERAGES CER HIS IS TO CERTIFY THAT THE POLICI			E NUMBER:			REVISION NUMBER:		
IN C	DICATED. NOTWITHSTANDING ANY F ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQUI PER	REM TAIN	ENT, TERM OR CONDITION , THE INSURANCE AFFOR	N OF ANY CONTRA DED BY THE POLIC	ACT OR OTHEF	R DOCUMENT WITH RESPE	CT TO	WHICH THIS
INSR LTR	TYPE OF INSURANCE		SUBF WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	X COMMERCIAL GENERAL LIABILITY	X COMMERCIAL GENERAL LIABILITY		21SBAAS2DP8	4/21/2023	4/21/2024	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ \$	1,000,000 300,000
							MED EXP (Any one person)	\$	10,000
							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 AGG	\$	2,000,000
	OTHER:							\$	4 000 000
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	ANY AUTO		X 2	21SBMAS2DP8	4/21/2023	4/21/2024	BODILY INJURY (Per person)	\$	
	OWNED AUTOS ONLY SCHEDULED AUTOS X HIRED HI						BODILY INJURY (Per accident) PROPERTY DAMAGE	\$	
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						(Per accident)	\$	
A	X UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$ \$	1,000,000
	EXCESS LIAB CLAIMS-MADE	x	x	21SBMAS2DP8	4/21/2023	4/21/2024	AGGREGATE	ծ Տ	
	DED RETENTION \$						AUGREGATE	\$	
В							X PER OTH- STATUTE ER		
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?] N / A	X	UB-4T443927	4/18/2023	4/18/2024	E.L. EACH ACCIDENT	\$	1,000,000
	(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below				= /0/0000	=/0/000 /	E.L. DISEASE - POLICY LIMIT	\$	1,000,000
C	Property			AMAA0009547	5/3/2023	5/3/2024	see below		
DES Waiv	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC ver of Subrogation applies on the Gene	LES (/ ral Li	ACOR abilit	D 101, Additional Remarks Schedu y, Auto and Umbrella in reg	ile, may be attached if mo gards to the Worke	ore space is requir rs Compensat	^{red)} ion in favor of Kilwins Ch	ocolat	es Franchise,
Inc.	and Kilwin's Quality Confensions, Inc. ins Chocolates Franchise, Inc. and Kilv								
	ility, Auto & Umbrella.	in s	Quai	ity comensions, inc. are A	dultional insured of	i a primary ox i	Non-contributory basis of	i the G	eneral
30 d	ay notice of cancellation will be given.								
SEE	ATTACHED ACORD 101								
CE	RTIFICATE HOLDER				CANCELLATION				
	Kilwins Chocolates Franchis Kilwin's Quality Confections				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 Petoskey, MI 49770					AUTHORIZED REPRESENTATIVE				
1	•								

Rio Tappo

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AGENCY	CUSTOMER	ID: GR	EEEN	T-02
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LOC #: 1



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

JTAGUE

AGENCY Jean Arthur Associates, Inc.	NAMED INSURED Green Enterprises I, LLC. 8 Georgetown Avenue		
POLICY NUMBER	Rosemary Beach, FL 32461 Walton		
SEE PAGE 1		waiton	
CARRIER	NAIC CODE		
SEE PAGE 1	SEE P 1	EFFECTIVE DATE: SEE PAGE 1	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Description of Operations/Locations/Vehicles: Property Policy #AMAA0009547 Lloyds of London 5-3-23 to 5-3-24

Business Income/Extra Expense 750,000 Business Personal Property 205,000 Spoilage 10,000 Tenant Improvements & Betterments 185,000