

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 8/18/2023

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.

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:					
Olivier VanDyk Insurance Agency, Inc 2780 44th St SW Wyoming MI 49519						FAV			616-454-7100		
						ADDRESS: certificates.sbu@ovdinsurance.com					
						INSURER(S) AFFORDING COVERAGE NAIC #					
						01.11.1				12777	
License#: 0007645 INSURED License#: 0007645											
Henriquez Portfolio Management, LLC					INSURER B:						
3613 Northside Ct					INSURER C:						
Ke	y West FL 33040				INSURER D:						
					INSURER E:						
					INSURER F:						
COVERAGES CERTIFICATE NUMBER: 828736689						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.											
INSR LTR	TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	LIMITS		
Α	X COMMERCIAL GENERAL LIABILITY	Υ	Υ	D98231821		8/29/2023	8/29/2024	EACH OCCURRENCE	\$ 1,000	,000	
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1		,000	
								MED EXP (Any one person)	\$ 10.00	0	
	X Primary/NonContr							PERSONAL & ADV INJURY	1		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE			
	POLICY PRO- JECT LOC OTHER:							PRODUCTS - COMP/OP AGG	\$2,000		
								TROBOOTO COMIT/OF FROE	\$,000	
A AUTOMOBILE LIABILITY			Y	D98231821		8/29/2023	8/29/2024	COMBINED SINGLE LIMIT	\$1,000,000		
	ANY AUTO			200201021		0/25/2020	0/23/2024	(Ea accident) BODILY INJURY (Per person)	- · · · ·		
	OWNED SCHEDULED							BODILY INJURY (Per accident)			
	X HIRED X NON-OWNED							PROPERTY DAMAGE	\$		
	AUTOS ONLY AUTOS ONLY							(Per accident)			
_	V IMPRELLATION V	RELLA LIAB X OCCUP Y Y D98231845		D00004045		0/00/0000	0/00/0004		\$		
Α	X UMBRELLA LIAB X OCCUR		ĭ	D98231845		8/29/2023	8/29/2024	EACH OCCURRENCE \$2,000			
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$2,000	,000	
	DED X RETENTION \$ 0							L DED OTH	\$		
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N		Y	71804323		8/1/2023	8/1/2024	X PER OTH-			
	NYPROPRIETOR/PARTNER/EXECUTIVE FFICER/MEMBER EXCLUDED?	N/A						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							E.L. DISEASE - POLICY LIMIT	\$1,000	,000	
	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) 505 Duval St, Key West, FL 33040										
000 Davai Ot, 110y 1763t, 1 L 00040											
CERTIFICATE HOLDER						CANCELLATION					
Kilwins Chacolates Franchise Inc. Kilwins Quality Confections Inc. 1050 Bay View Rd						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					
Petoskey MI						CHICK					