

## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 5/15/2020

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 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).

COVERACEC	DTICIOATE NUMBER OF SOLESES	DEVICION NUM	IDED.			
CLEARWATER BEACH FL 337	3767-2010	INSURER F:				
		INSURER E:				
391 MANDALAY AVE		INSURER D:				
THREE BLIND MICE TOO LLC		INSURER C:				
INSURED		INSURER B:Old Dominion Ins Co		40231		
Delray Beach FL 334	3444	INSURER A: Mainstreet America Protectio	n Insurance	13026		
		INSURER(S) AFFORDING COVERAGE		NAIC #		
275 George Bush Boulevard		E-MAIL ADDRESS: trish@gbifl.com				
Gracey-Backer Inc.		PHONE (A/C, No, Ext): (561)276-6055	(561)276-6055 FAX (A/C, No): (561)265-0034			
PRODUCER		CONTACT NAME: Trish Warren				
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COVERAGES CERTIFICATE NUMBER: CL2051535726 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	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S	
A	х	CLAIMS-MADE X OCCUR						EACH OCCURRENCE  DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
			х		BPG4687K	5/23/2020	5/23/2021	MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	х	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:							\$	
	AUT	TOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
A		ANY AUTO						BODILY INJURY (Per person)	\$	
		ALL OWNED SCHEDULED AUTOS	x		BPG4687K	5/23/2020	5/23/2021	BODILY INJURY (Per accident)	\$	
	x	HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
									\$	
	х	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	1,000,000
В		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	1,000,000
		DED RETENTION \$	х		CUG4687K	5/23/2020	5/23/2021		\$	
		RKERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$	
	(Man	ICER/MEMBER EXCLUDED?	III, A					E.L. DISEASE - EA EMPLOYEE	\$	
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Certificate holder is Additional Insured - Primary & Non-Contributory re General Liability; Waiver of Subrogation - 30-day notice of cancellation/non-renewal

CERTIFICATE HOLDER	CANCELL ATION

Kilwins Chocolate Franchise Inc Kilwins Quality Confections Inc 1050 Bay View Road 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.

AUTHORIZED REPRESENTATIVE

Trish Warren/TW

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