| ACORD | |
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 5/18/2022

| 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 have ADDITIONAL INSURED provisions or 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). | | | | | | | | | |
| PRODUCER | | | | | CONTACT NAME: | | | | |
| Olivier-VanDyk Insurance Agency | | | | PHONE (A/C, No, Ext): 616-454-0800 (A/C, No): 616-454-7100 | | | | | |
| | | | | E-MAIL ADDRESS: certificates@ovdinsurance.com | | | | | |
| Wyoming MI 49519 | | | | | | | | | |
| | | | | | INSURER(S) AFFORDING COVERAGE NAIC # | | | | |
| | | | | | INSURER A : The Hartford 22357 | | | | |
| Three Blind Mice, LLC | | | | INSURER B : | | | | | |
| Three Blind Mice Too, LLC | | | | | INSURER C : | | | | |
| KTJ Sweets, LLC 3042 Landing Way | | | | INSURER D : | | | | | |
| Palm Harbor FL 34684 | | | - | INSURE | | | | | |
| | TIEL | ~ ^ T | | INSURE | RF: | | | | |
| COVERAGES CERTIFICATE NUMBER: 1173951511 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 | SUBR WVD | POLICY NUMBER | | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | | |
| A X COMMERCIAL GENERAL LIABILITY | Y | Y | 81SBAAL1SYR | | 5/23/2022 | 5/23/2023 | EACH OCCURRENCE \$1,00 | 0,000 | |
| CLAIMS-MADE X OCCUR | | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000 | | |
| | | | | | | | MED EXP (Any one person) \$10,00 | | |
| X Primary/NonContr | | | | | | | | 000,000 | |
| GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | | GENERAL AGGREGATE \$2,00 | | |
| | | | | | | | PRODUCTS - COMP/OP AGG \$2,00 | | |
| OTHER: | | | | | | | \$ | 5,000 | |
| | Y | Y | 81SBAAL1SYR | | 5/23/2022 | 5/23/2023 | COMBINED SINGLE LIMIT \$ 1,000,000 | | |
| ANY AUTO | | | | | | | (Ea accident) \$ 1,000 BODILY INJURY (Per person) \$ | , | |
| OWNED SCHEDULED | | | | | | | BODILY INJURY (Per accident) \$ | | |
| AUTOS ONLY AUTOS X HIRED ANNY X NON-OWNED | | | | | | | PROPERTY DAMAGE | | |
| AUTOS ONLY AUTOS ONLY | | | | | | | (Per accident) \$ | | |
| A UMBRELLA LIAB X OCCUR | Y | Y | 81SBAAL1SYR | | 5/23/2022 | 5/23/2023 | | | |
| | | | OTODALETOTIC | | 5/25/2022 | 3/23/2023 | EACH OCCURRENCE \$2,00 | | |
| CLAIMS-MADE | - | | | | | | AGGREGATE \$2,000 | J,000 | |
| DED X RETENTION \$ 10,000 A WORKERS COMPENSATION | | Y | | | E/22/2022 | 5/22/2022 | X PER OTH- | | |
| AND EMPLOYERS' LIABILITY Y / N | | ' | 81WECAL1T97 | | 5/23/2022 | 5/23/2023 | A STATUTE ER | | |
| OFFICER/MEMBER EXCLUDED? | N / A | | | | | | E.L. EACH ACCIDENT \$1,000 | | |
| (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | | E.L. DISEASE - EA EMPLOYEE \$1,000 | | |
| DESCRIPTION OF OPERATIONS below | | | | | | | E.L. DISEASE - POLICY LIMIT \$1,00 | 0,000 | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | 404 4 14/4-2 10 10 10 10 10 10 | | | <u> </u> | 0 | | |
| DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC Location 1: 10478 SW Village Center Dr, F | | | | e, may be | attached if mor | e space is require | ed) | | |
| Location 2: 391 Mandalay Ave, Clearwater | Bead | h, FL | | | | | | | |
| Location 3: 1561 Lakefront Dr, Sarasota, F | L 342 | 202 | | | | | | | |
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| CERTIFICATE HOLDER CANCELLATION | | | | | | | | | |
| | | | | | | | | | |
| SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE | | | | | | | | | |
| THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED Kilwing Chocolatos Eranchico Inc. ACCORDANCE WITH THE POLICY PROVISIONS. | | | | | | | | LIVENED IN | |
| Kilwins Chocolates Franchise Inc. Kilwins Quality Confections Inc. | | | | | | | | | |
| 1050 Bay View Rd | | | | | AUTHORIZED REPRESENTATIVE | | | | |
| Petoskey MI | | | | Ron | Kuttart | | | | |
| | | | | Ou | Man + | | | | |
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