

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 5/19/2023

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.

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).

	SUBROGATION IS WAIVED, Subject his certificate does not confer rights to						require an endorsement. A s	tatement on									
_	DUCER				CONTACT NAME:	,-											
Olivier-VanDyk Insurance Agency					PHONE (A/C, No, Ext): 616-454-0800 (A/C, No): 616-454-7100												
2780 44th Street SW Wyoming MI 49519					E-MAIL ADDRESS: certificates.sbu@ovdinsurance.com												
**)	offiling wit 400 fo				INSURER(S) AFFORDING COVERAGE			NAIC#									
					INSURER A: The Hartford			22357									
INSURED THREBLI-01					INSURER B:												
Three Blind Mice, LLC Three Blind Mice Too, LLC					INSURER C:												
KTJ Sweets, LLC					INSURER D :												
3042 Landing Way					INSURER E:												
Palm Harbor FL 34684					INSURER F:												
COVERAGES CERTIFICATE NUMBER: 2024099562 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)	LIMITS										
Α	X COMMERCIAL GENERAL LIABILITY	Υ	Υ	81SBAAL1SYR	5/23/2023	5/23/2024		0,000									
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,00	0,000									
							MED EXP (Any one person) \$10,0	00									
	X Primary/NonContr						PERSONAL & ADV INJURY \$ 1,00	0,000									
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$2,00	0,000									
	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG \$2,00	0,000									
	OTHER:						\$										
Α	AUTOMOBILE LIABILITY	Υ	Υ	81SBAAL1SYR	5/23/2023	5/23/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,00	0,000									
	ANY AUTO						BODILY INJURY (Per person) \$										
	OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident) \$										
	X HIRED X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$										
							\$										
Α	X UMBRELLA LIAB X OCCUR	Υ	Υ	81SBAAL1SYR	5/23/2023	5/23/2024	EACH OCCURRENCE \$2,00	0,000									
	EXCESS LIAB CLAIMS-MADE						AGGREGATE \$2,00	0,000									
	DED X RETENTION\$ 10,000						\$										
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		Υ	81WECAL1T97	5/23/2023	5/23/2024	X PER OTH- STATUTE ER										
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT \$ 1,00	0,000									
	(Mandatory in NH) If yes, describe under	ndatory in NH)					E.L. DISEASE - EA EMPLOYEE \$ 1,00	0,000									
	DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT \$ 1,00	0,000									
	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Location 1: 10478 SW Village Center Dr, Port Saint Lucie, FL 34987																
Loc	Location 2: 391 Mandalay Ave, Clearwater Beach, FL 33767																
Location 3: 1561 Lakefront Dr, Sarasota, FL 34240																	
CE	RTIFICATE HOLDER				CANCELLATION												
					SHOULD ANY OF T	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE											
Kilwins Chocolates Franchise Inc. Kilwins Quality Confections Inc. 1050 Bay View Rd Petoskey MI					THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE												
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