

SDILLON



DATE (MM/DD/YYYY) 1/29/2025

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).

th	nis certificate does not confer rights t	o the	certi	ficate holder in lieu of su	ich end	lorsement(s)		require air chaorsemen	, , , ,	atement on	
PRO	DUCER				CONTA NAME:	CT					
Williams Insurance Agency, Inc.						PHONE (A/C, No, Ext): (302) 227-2501 FAX (A/C, No):					
PO Box 1174 Rehoboth Beach, DE 19971-0814						E-MAIL ADDRESS: mail@williamsagency.com					
						INSURER(S) AFFORDING COVERAGE					
					INSURF			e Company		NAIC#	
INSURED Rehoboth Ave BB, LLC						INSURER B : The Hartford				19682	
						INSURER C:				10002	
Josephine Weeks 107 Scarborough Ave Rehoboth Beach, DE 19971					INSURER D:				EN STATE		
					100						
					INSURER E: INSURER F:						
	VERAGES CEF	TIEI	^ A T E	NUMBER:	INSURE	RF:		REVISION NUMBER:			
900000	HIS IS TO CERTIFY THAT THE POLICI				HAVER	EEN IQQUED			UE DOI	ICV DEDICD	
11	IDICATED. NOTWITHSTANDING ANY F ERTIFICATE MAY BE ISSUED OR MAY	REQU	REM	ENT, TERM OR CONDITION	N OF A	NY CONTRA	CT OR OTHER	R DOCUMENT WITH RESPE	CT TO	WHICH THIS	
E	XCLUSIONS AND CONDITIONS OF SUCH	POLI	CIES.	LIMITS SHOWN MAY HAVE	BEEN F	REDUCED BY	PAID CLAIMS.		0,111	THE TERMIO,	
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S		
Α	X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000	
	CLAIMS-MADE X OCCUR	Х		S2654531		1/8/2025	1/8/2026	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000	
								MED EXP (Any one person)	\$	10,000	
								PERSONAL & ADV INJURY	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	3,000,000	
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	3,000,000	
	OTHER:							THODOTO-GOINI TOL AGG	\$		
A	AUTOMOBILE LIABILITY				The second			COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO			S2654531		1/8/2025	1/8/2026	BODILY INJURY (Per person)	\$		
	OWNED AUTOS ONLY. SCHEDULED AUTOS		114						\$		
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
									\$		
Α	X UMBRELLA LIAB X OCCUR							EACH OCCURRENCE	\$	2,000,000	
	EXCESS LIAB CLAIMS-MADE			S2654531	1/8	1/8/2025	1/8/2026	AGGREGATE	\$	2,000,000	
	DED X RETENTION\$								\$		
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		1					X PER OTH-			
	ANY PROPRIETOR/PARTNER/EXECUTIVE		Х	44WECBC7P4K		1/10/2025	1/10/2026	E.L. EACH ACCIDENT	s	1,000,000	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE	\$	1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	1,000,000	
				a Manhardin his sun Taries				The state of the s	¥	200012-200-707	
241											
to G	cRIPTION OF OPERATIONS / LOCATIONS / VEHIC in's Chocolates Franchise, Inc. and Kij eneral Liability, Automobile and Umbre omobile Liability, Umbrella in favor of K	IIa. W	aiver	of Subrogation with regai	rds to V	Vorkers Comp	oensation/Em	iployers Liability, General	y basis Liabil	s with regards ity,	
CE	RTIFICATE HOLDER				CANC	ELLATION					
OE	THIOATE HOLDER				CANC	LLLATION					
Kilwins Chocolates 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.					
Petoskey, MI 49770					AUTHORIZED REPRESENTATIVE						