

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/26/2024

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)

this certificate does not come rights to the certificate notice in fied of such chaorsement(s).						
PRODUCER		CONTACT NAME:				
Olivier VanDyk Insurance Agency 2780 44th St SW	/, Inc	PHONE (A/C, No, Ext): 616-454-0800 FAX (A/C, No): 616-454	4-7100			
Wyoming MI 49519		E-MAIL ADDRESS: certificates.sbu@ovdinsurance.com				
		INSURER(S) AFFORDING COVERAGE	NAIC#			
	License#: 0007645	INSURER A: The Hartford	22357			
INSURED	JANASWE-01	INSURER B:				
Jana Sweets, LLC Nola Family Place, LLC		INSURER C:				
635 Canal St		INSURER D:				
New Orleans LA 70130		INSURER E :				
		INSURER F:				
COVERAGES	CERTIFICATE NUMBER: 1789065696	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	ISR ADDLISUBR POLICY EFF POLICY EFF							
LTR	TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S
Α	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR	Y	Υ	81SBMBF8HMR	4/25/2024	4/25/2025	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000 \$ 1,000,000
							MED EXP (Any one person)	\$ 10,000
	X Primary/NonContr						PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000
	X POLICY PRO- X LOC						PRODUCTS - COMP/OP AGG	\$
	OTHER:							\$
Α	AUTOMOBILE LIABILITY	Υ	Υ	81SBMBF8HMR	4/25/2024	4/25/2025	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	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	Y	Υ	81SBMBF8HMR	4/25/2024	4/25/2025	EACH OCCURRENCE	\$1,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$ 1,000,000
	DED X RETENTION \$ 10,000							\$
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		Υ	81WECBF7JF5	4/25/2024	4/25/2025	X PER OTH- STATUTE ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT	\$1,000,000
							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) 600 Decatur St, New Orleans, LA 70130

741 Canal St, New Orleans, LA 70130 - not applicable to Workers' Compensation

CERTIFICATE HOLDER	CANCELLATION				
Kilwins Chocolates Franchise Inc. Kilwins Quality Confections Inc.	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
1050 Bay View Rd Petoskey MI	AUTHORIZED REPRESENTATIVE				