

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

							03/1	9/2022
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								
Robbins Insurance Group, LLC	PHONE (A/C, No, Ext): 417-527-0032 FAX (A/C, No):							
1649 State Highway 248	E-MAIL ADDRESS: info@robbinsig.com							
	INSURER(S) AFFORDING COVERAGE				NAIC #			
Branson	INSURER A: Ohio Security Insurance Company				24082			
INSURED	INSURER B :							
DOUBLE D'S SWEET TREA	INSURER C :							
813 BRANSON LANDING E	INSURER D :							
Branson	INSURER E :							
	REVISION NUMBER: 2016-03							
COVERAGES CERTIFICATE NUMBER: 0066399530 REVISION NUMBER: 2016-03 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 WHIC CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE T 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)	LIMI	-	
						EACH OCCURRENCE	\$ 100	00000
CLAIMS-MADE X OCCUR					01/24/2023	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1000000	
X Businessowners		x				MED EXP (Any one person) \$ 15000		
A	X		BZS60857322	01/24/2022		PERSONAL & ADV INJURY \$ 100000 GENERAL AGGREGATE \$ 200000		
GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	-	
						PRODUCTS - COMP/OP AGG	\$ 200 \$	00000
OTHER: AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT		
ANY AUTO OWNED AUTOS ONLY			AZG60857322	06/08/2021	06/08/2022	(Ea accident) TOUOUOU BODILY INJURY (Per person) \$		
		×	X	00/00/2021		BODILY INJURY (Per accident) \$		
X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)		
							\$	
A UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE		×			2 01/24/2023	EACH OCCURRENCE	\$ 2,000	0,000
				01/24/2022		AGGREGATE	\$2,000,0	
			USO60857322			Self Insured Retention Limit	_{\$} 10,0	10,000
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N						PER OTH- STATUTE ER		
A ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A	×	XWS60857322		01/24/2023	E.L. EACH ACCIDENT \$1,000,000		-
(Mandatory in NH) If yes, describe under				01/24/2022		E.L. DISEASE - EA EMPLOYEE \$1,000		
DÉSCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 1,00	0,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	•	CORD	101, Additional Remarks Schedul	e, may be attached if mor	e space is require	ed)	•	
Operating Kilwins of Bransor	1							
Additional Insured is on a primary & non-contributory basis and will receive a 30 day notice of cancellation								
CERTIFICATE HOLDER	CANCELLATION	CANCELLATION						
Kilwins Chocolate Franchise	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								
1050 Bay View Rd.				54 4592		Taylor Cl	ante.	
Petoskey			MI 49770					

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