

THE HARTFORD BUSINESS SERVICE CENTER 3600 WISEMAN BLVD SAN ANTONIO TX 78251

March 29, 2023

Kilwins Chocolate Franchise Kilwins Quality Confections 1050 BAY VIEW RD PETOSKEY MI 49770

## Account Information:

Policy Holder Details : Double D's Sweet Treats INC

Contact Us

Need Help? Chat online or call us at (866) 467-8730. We're here Monday - Friday.

Enclosed please find a Certificate Of Insurance for the above referenced Policyholder. Please contact us if you have any questions or concerns.

Sincerely,

Your Hartford Service Team

CERTIFICATE OF LIABILITY INSURANCE												DATE (MM/DD/YYYY) 03/29/2023	
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.													
IM su	IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATIONIS 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													
AUTOMATIC DATA PROCESSING INS AGCY													
76250875								(A/C, No, Ext):					
1 ADP BLVD M/S 625								E-MAIL ADDRESS:	E-MAIL ADDRESS:				
ROSELAND NJ 07068									INSURER(S) AFFORDING COVERAGE				
								INSURER A . Hartfo	INSURER A : Hartford Insurance Company of Illinois				
								INSURER B :	INSURER B :				
DOUBLE D'S SWEET TREATS INC 813 BRANSON LANDING BLVD								INSURER C :	INSURER C :				
BRANSON MO 65616-2099								INSURER D :	INSURER D :				
								INSURER E :	INSURER E :				
								INSURER F :	INSURER F :				
COVERAGES CERTIFICATE NU													
								-	LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY F				
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INSR		TYF	E OF INS	URANCE			SUBR	POLICY NUMBER	POLICY EFF	POLICY EXP	LIMIT	S	
LTR		COMMER	CIAL GEN	IERAL LIAB	ILITY	INSR	WVD		(MM/DD/YYYY)	(MM/DD/Y YYY)	EACH OCCURRENCE		
	CLAIMS-MADE OCCUR								DAMAGE TO RENTED				
											PREMISES (Ea occurrence)		
						-					MED EXP (Any one person) PERSONAL & ADV INJURY		
											GENERAL AGGREGATE		
	OTHER:										PRODUCTS - COMP/OP AGO		
	AUT	OMOBILE		Y							COMBINED SINGLE LIMIT (Ea accident)		
	ANY AUTO										BODILY INJURY (Per person)		
	ALL OWNED SCHEDULED										BODILY INJURY (Per acciden		
	AUTOS AUTOS HIRED NON-OWNED						PROPERTY DAMAGE						
		AUTOS		AUTOS	NLD						(Per accident)		
		UMBREL			UR						EACH OCCURRENCE		
		EXCESS		CLAI							AGGREGATE		
				MAD	E	-							
			OMPENSA 'ERS' LIAE								X PER OTH STATUTE ER	I-	
		ANY <b>Y/N</b>				I					E.L. EACH ACCIDENT	\$1,000,000	
А		PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				N/ A	X	76 WBG AV7KUC	01/24/2023	01/24/2024	E.L. DISEASE -EA EMPLOYE	E \$1,000,000	
	(Ma	(Mandatory in NH)				-						\$1,000,000	
				RATIONS be	elow						E.L. DISEASE - POLICY LIMI	\$1,000,000	
							•	RD 101, Additional Remarks	•		e is required) older per the Waiver of (	Dur Right to	
Reco	over	from O	thers En	dorseme	nt WC	00031	3, atta	ched to this policy.					
			HOLDE						CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED				
			te Franc										
		•		JUR					BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
1050 BAY VIEW RD PETOSKEY MI 49770									AUTHORIZED REPRESENTATIVE				
										Sugar J. Castaneda			
									© 198	38-2015 ACO	RD CORPORATION. A	Il rights reserved	
АСО	RD	<b>25 (20</b> 1	6/03)			т	he AC	CORD name and logo					