

February 23, 2024

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

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Policy Holder Details: Double D's Sweet Treats INC

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) 02/23/2024

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 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).

ALIT	OMATIC DATA PROCESSING INS	AGC	<b>v</b>	CONTACT NAME:						
76250875			` ′	524-7024		FAX				
1 ADP BLVD M/S 625			(A/C, No, Ext):			(A/C, No):				
ROSELAND NJ 07068			E-MAIL ADDRESS:	E-MAIL ADDRESS:						
NOSELAND NO 07000					INSURER(S) AFFORDING COVERAGE NAIC#					
				INSURER A: Hartfor	INSURER A: Hartford Insurance Company of Illinois					
INSURED			INSURER B:	INSURER B:						
DOU	JBLE D'S SWEET TREATS INC			INSURER C :	INSURER C ·					
813	BRANSON LANDING BLVD			INSURER D :						
BRANSON MO 65616-2099										
					INSURER E :					
				INSURER F:	INSURER F:					
				NUMBER:			ION 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	INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/Y YYY)	LIMIT	S		
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE			
	CLAIMS-MADE OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)			
							MED EXP (Any one person)			
		1					PERSONAL & ADV INJURY			
	GEN'L AGGREGATE LIMIT APPLIES PER:	1					GENERAL AGGREGATE			
	POLICY PRO- LOC						PRODUCTS - COMP/OP AGG			
	OTHER:						TRODUCTO - COMIT/OF ACC			
							COMBINED SINGLE LIMIT			
AUTOMOBILE LIABILITY						(Ea accident)				
ANY AUTO							BODILY INJURY (Per person)			
	ALL OWNED SCHEDULED AUTOS AUTOS						BODILY INJURY (Per accident	)		
	HIRED NON-OWNED						PROPERTY DAMAGE			
	AUTOS AUTOS						(Per accident)			
	Laggue									
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-						EACH OCCURRENCE			
	EXCESS LIAB CLAIMS- MADE						AGGREGATE			
	DED RETENTION \$									
	WORKERS COMPENSATION						X PER OTH	-		
	ANY Y/N						STATUTE   ER	\$1,000,000		
A	PROPRIETOR/PARTNER/EXECUTIVE	N/A	x	76 WBG AV7KUC	01/24/2024	01/24/2025		4		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. DISEASE -EA EMPLOYER	\$1,000,000		
	If yes, describe under						E.L. DISEASE - POLICY LIMIT	\$1,000,000		
	DESCRIPTION OF OPERATIONS below									
DESC	RIPTION OF OPERATIONS / LOCATIONS / V	 'EHICLE	S (ACOR	D 101, Additional Remarks S	 chedule, mav be atta	ched if more spac	e is required)	1		
	se usual to the Insured's Operations							our Right to		
	over from Others Endorsement WC						,			
	TIFICATE HOLDER				CANCELLA	TION				
Kilwins Chocolate Franchise					SHOULD ANY	OF THE ABOV	E DESCRIBED POLICIES			
Kilwins Quality Confections					BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
l	BAY VIEW RD		-			LICT PROVISIONS.				
PETOSKEY MI 49770					AUTHORIZED REPRESENTATIVE					
				Sugan S. Castaneda						

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