			VENTU-1				OP ID: NG
ACORD <sup>®</sup> CERTIFICATE OF LIA			ABILITY INSURANCE				e (MM/DD/YYYY) <b>)4/26/2018</b>
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 If SUBROGATION IS WAIVED, subjec this certificate does not confer rights	t to the	e terms and conditions of th	ne policy, certain policy, cer	olicies may i	require an endo		
PRODUCER 561-392-3300 Workers Compensation Group P O Box 410 Boca Raton, FL 33429-0410 Workers Compensation Group			CONTACT Workers Compensation Group				
			PHONE (A/C, No, Ext): 561-392-3300 FAX (A/C, No): 561-361-1132 E-MAIL ADDRESS:				
					DING COVERAGE		NAIC #
			INSURER A : Technology Ins Co				42010
INSURED Ventures III, Inc., dba Kilwins of Coral Springs							
2758 University Drive Coral Springs, FL 33065			INSURER C :				
			INSURER E :				
			INSURER F :				
COVERAGES CE	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 TYPE OF INSURANCE	ADDL SU	VD POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	
					EACH OCCURREN		
					DAMAGE TO RENT PREMISES (Ea occu		
					MED EXP (Any one		
					PERSONAL & ADV		
					GENERAL AGGREG		
POLICY PRO- JECT LOC					PRODUCTS - COMF		
					COMBINED SINGLE	LIMIT \$	
ANY AUTO					(Ea accident) BODILY INJURY (Pe		
AUTOS ONLY AUTOS					BODILY INJURY (Pe		
HIRED AUTOS ONLY					PROPERTY DAMAG (Per accident)		
					(i or doordonity	\$	
UMBRELLA LIAB OCCUR					EACH OCCURRENO	CE \$	
EXCESS LIAB CLAIMS-MAD	=				AGGREGATE	\$	
DED RETENTION \$						\$	
A WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					X PER STATUTE	OTH- ER	
	N/A	TWC3656722	09/19/2017	09/19/2018	E.L. EACH ACCIDE	NT \$	1,000,000
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)					E.L. DISEASE - EA I	EMPLOYEE \$	1,000,000
DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POL	ICY LIMIT \$	1,000,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHI **30 days notice of cancellation, 10	•			re space is requir	ed)		
			CANCELLATION				
KILWINS Kilwins Chocolates Franchise, Inc. Kilwin's Quality Confections Inc. 1050 Bay View Road Petoskey, MI 49770			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
			the				

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