						VE	ENTU-1		OP ID: NG	
ACORD [®]	CEF	RTI	FICATE OF LIA	ABIL	ITY INS	SURAN	CE		(MM/DD/YYYY) 7/1 2/2021	
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	CONTA NAME:	CT Workers	Compensa	ation Group						
Workers Compensation Group P O Box 410				NAME: FAX PHONE 561-392-3300 (A/C, No, Ext): FAX						
Boca Raton, FL 33429-0410 Workers Compensation Group				E-MAIL ADDRESS:						
Workers compensation Group					NAIC #					
				INSURE	42376					
INSURED Ventures III, Inc., dba				INSURE	RB:					
Kilwins of Coral Springs				INSURE						
2758 University Drive Coral Springs, FL 33065				INSURE	RD:					
				INSURE	RE:					
				INSURE	RF:					
		-	E NUMBER:				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 INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LI	мітя		
COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$		
CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$		
							MED EXP (Any one person)	\$		
							PERSONAL & ADV INJURY	\$		
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$		
POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AC	G \$		
OTHER:	<u> </u>						COMBINED SINGLE LIMIT	\$		
							(Ea accident)	\$		
ANY AUTO OWNED SCHEDULED							BODILY INJURY (Per perso	n) \$		
AUTOS ONLY AUTOS HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							BODILY INJURY (Per accide PROPERTY DAMAGE (Per accident)	ent) \$ \$		
								\$		
UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
EXCESS LIAB CLAIMS-MADE	-						AGGREGATE	\$		
A WORKERS COMPENSATION	+						X PER X OTH STATUTE X ER			
AND EMPLOYERS' LIABILITY Y / N		x	TWC3899393		09/19/2020	09/19/2021			1,000,000	
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N / A	^			00/10/2020		E.L. EACH ACCIDENT	\$	1,000,000	
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLO		1,000,000	
DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIN	<u>IIT \$</u>	.,,	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) **A Waiver of Subrogation has been issued in favor of the certifcate holder** **30 days notice of cancellation, 10 days for non-payment of premium**										
				CAN						
CERTIFICATE HOLDER			KILWINS		CELLATION					
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.					
					1 Page					

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					VENTU-1					OP ID: NG		
ACO	$R\dot{D}^{*}$ (CERTI	FICATE OF LIA	ABILIT	Y INS	SURAN	CE			MM/DD/YYYY) /12/2021		
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.												
If SUBROG	T: If the certificate holder ATION IS WAIVED, subjec ate does not confer rights	t to the te	rms and conditions of th	ne policy, o	certain po	olicies may						
PRODUCER 561-392-3300					CONTACT Workers Compensation Group							
Workers Compensation Group P O Box 410 Boca Raton, FL 33429-0410				NAME: PHONE 561-392-3300 FAX (A/C, No, Ext): FAX (A/C, No, Ext):						61-1132		
				E-MAIL ADDRESS:								
Workers Com	pensation Group				INSU	JRER(S) AFFOR	DING COVERAGE			NAIC #		
				INSURER A	Techno	logy Ins Co)			42376		
INSURED	a dha			INSURER B :								
Ventures III, I Kilwins of Co	ral Springs			INSURER C								
2758 Universi Coral Springs				INSURER D :								
	,			INSURER E :								
				INSURER F :	:							
COVERAGE	S CEF	RTIFICATE	ENUMBER:				REVISION NUM	IBER:				
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.												
	TYPE OF INSURANCE	ADDL SUBR	POLICY NUMBER	PO (MM	LICY EFF /DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	6			
	IERCIAL GENERAL LIABILITY						EACH OCCURREN DAMAGE TO RENT PREMISES (Ea occu		\$\$			
							MED EXP (Any one		\$			
							PERSONAL & ADV	INJURY	\$			
GEN'L AGO	REGATE LIMIT APPLIES PER:						GENERAL AGGREC	GATE	\$			
							PRODUCTS - COM	P/OP AGG	\$ \$			
							COMBINED SINGLE (Ea accident)	LIMIT	\$			
ANY							BODILY INJURY (Pe	er person)	\$			
	ED SCHEDULED AUTOS						BODILY INJURY (Pe		\$			
	S ONLY						PROPERTY DAMAC (Per accident)		\$\$			
имвя	ELLA LIAB OCCUR						EACH OCCURREN	`E	\$ \$			
	SS LIAB CLAIMS-MADE						AGGREGATE		\$ \$			
DED	RETENTION \$						AGGREGATE		φ ¢			
	COMPENSATION DYERS' LIABILITY						X PER STATUTE	COTH- ER	Ψ			
ANY PROPE			TWC3899393	09/	/19/2020	09/19/2021	E.L. EACH ACCIDE		\$	1,000,000		
OFFICER/M (Mandatory	EMBER EXCLUDED?	N / A					E.L. DISEASE - EA I			1,000,000		
If yes, descr DESCRIPTI	ibe under ON OF OPERATIONS below						E.L. DISEASE - POL			1,000,000		
	OPERATIONS / LOCATIONS / VEHIC University Drive, Coral	•		ıle, may be atta	ached if mor	e space is requir	ed)					
CERTIFICAT	E HOLDER			CANCEL	LATION							
UNIVCEN University Centre West III and Amera Realty Services, Inc as Manager 2900 University Drive Coral Springs, FL 33065					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							

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