						VE	NTU-1		OP ID: FH	
ACORD <sup>®</sup>	CEF	RTI	FICATE OF LIA	ABIL		SURAN	CE		(MM/DD/YYYY) <b>/03/2022</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 t	he te	rms and conditions of th	he polic	y, certain p	olicies may				
PRODUCER 561-392-3300 Workers Compensation Group P O Box 410 Boca Raton, FL 33429-0410 Workers Compensation Group					CONTACT Workers Compensation Group					
					NAME: FAX   PHONE 561-392-3300 FAX   (A/C, No, Ext): 561-361-1132   E-MAIL ADDRESS:					
				INSURE		URER(S) AFFOR	DING COVERAGE		NAIC # 42376	
INSURED Ventures III, Inc., dba Kilwins of Coral Springs 2758 University Drive Coral Springs, FL 33065					INSURER B :					
					INSURER C :					
					INSURER D :					
					INSURER E :					
					INSURER F :					
COVERAGES CERTIFICATE 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		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	тs		
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	\$		
							PRODUCTS - COMP/OP AGG	\$		
OTHER:							COMBINED SINGLE LIMIT	\$		
							(Ea accident)	\$		
ANY AUTO OWNED AUTOS ONLY AUTOS							BODILY INJURY (Per person)	\$		
AUTOS ONLY AUTOS HIRED AUTOS ONLY AUTOS ONLY							BODILY INJURY (Per accident PROPERTY DAMAGE (Per accident)	\$		
	+							\$		
UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MAD	_						EACH OCCURRENCE	\$		
	-						AGGREGATE	\$		
A WORKERS COMPENSATION							X PER X OTH- STATUTE X ER	\$		
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE		x	TWC4007854		09/19/2021	09/19/2022		-	1,000,000	
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDENT	\$	1,000,000	
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYE E.L. DISEASE - POLICY LIMIT		1,000,000	
DESCRIPTION OF OPERATIONS BEIOW							E.L. DISEASE - POLICY LIMIT	•		
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**										
				0.110						
CERTIFICATE HOLDER			KILWINS	<u>CANC</u>	ELLATION					
Kilwins Chocolates Franchise, Inc. Kilwin's Quality Confections Inc. 1050 Bay View Road					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
Petoskey, MI 49770					Flat					

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