

CERTIFICATE OF LIABILITY INSURANCE

CORD

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.

	SUBROGAT	ION IS W	/AIVED, subject	t to tl	he te	rms and conditions of the ificate holder in lieu of su	e poli	cy, certain p	olicies may		nt. A s	statement on							
PRODUCER 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: Wcgroup@bellsouth.ent INSURER(S) AFFORDING COVERAGE NAIC #											
														INSURER A: Technology Ins Co				42376	
														INSURER B:					
								INSURED Ventures III, Inc., dba Kilwins of Coral Springs											
								Kilwins of Coral Springs 2758 University Drive								INSURER C:			
Cor	al Springs,´F	_ 33065					INSURE					+							
								RE:											
								INSURER F:											
	VERAGES					E NUMBER:	REVISION NUMBER:												
IN C E	NDICATED. NO ERTIFICATE N XCLUSIONS A	OTWITHST	TANDING ANY RI SSUED OR MAY	EQUIF PERT POLI	REME AIN, CIES.	RANCE LISTED BELOW HA NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER IS DESCRIBED PAID CLAIMS.	DOCUMENT WITH RESP D HEREIN IS SUBJECT	ECT TO	WHICH THIS							
INSR LTR	TYPE OF INSURANCE		ADDL INSD	WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIM	ITS									
	\vdash	CIAL GENER MS-MADE	OCCUR							EACH OCCURRENCE DAMAGE TO RENTED	\$								
		L								PREMISES (Ea occurrence) MED EXP (Any one person)	\$								
										PERSONAL & ADV INJURY	\$								
	GEN'L AGGRE		APPLIES PER:							GENERAL AGGREGATE	\$								
	POLICY	PRO- JECT	LOC							PRODUCTS - COMP/OP AGO	\$ \$								
	OTHER:										\$								
	AUTOMOBILE I	IABILITY								COMBINED SINGLE LIMIT (Ea accident)	\$								
	ANY AUTO		_							BODILY INJURY (Per person)	\$								
	OWNED AUTOS OF	NLY	SCHEDULED AUTOS							BODILY INJURY (Per acciden	t) \$								
	HIRED AUTOS OF	ILY	NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$								
											\$								
	UMBRELL	A LIAB	OCCUR							EACH OCCURRENCE	\$								
	EXCESS L	IAB	CLAIMS-MADE	:						AGGREGATE	\$								
	DED RETENTION\$										\$								
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY									X PER X OTH-									
		AND EMPLOYERS CLABILITY Y / N ANY PROPRIETOR/PARTNER/EXECUTIVE DEFLICER/MEMBER EXCLUDED? Mandatory in NH)			X	TWC4483516		09/19/2024	09/19/2025	E.L. EACH ACCIDENT	\$	1,000,000							
	OFFICER/MEMB (Mandatory in N									E.L. DISEASE - EA EMPLOYE	E \$	1,000,000							
	If yes, describe under DESCRIPTION OF OPERATIONS below								E.L. DISEASE - POLICY LIMI		1,000,000								
A hol	Waiver of S der	ubrogat	tion has been	issu	ed ii	o 101, Additional Remarks Schedun favor of the certificate	•	e attached if mo	re space is requir	red)									
				,0		paymont of profile													
CE	RTIFICATE I	IOLDER					CANO	CELLATION											
						KILWINS	<u> </u>												
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.											
								AUTHORIZED REPRESENTATIVE											