



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/12/2018

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).

<b>PRODUCER</b>		<b>CONTACT NAME:</b> Commercial Service	
Alliance and Associates Financial Services II		<b>PHONE (A/C, No, Ext):</b> 8557922804	<b>FAX (A/C, No):</b> 9049304672
1091 Oakleaf Plantation Parkway		<b>E-MAIL ADDRESS:</b> Latesha@alliance321.com	
Orange Park FL 32065		<b>INSURER(S) AFFORDING COVERAGE</b>	
		<b>INSURER A:</b> West American Insurance Company	<b>NAIC #</b> 44393
		<b>INSURER B:</b> Ohio Casualty Insurance Company	24074
		<b>INSURER C:</b> AmTrust Financial Services, Inc	42376
		<b>INSURER D:</b>	
		<b>INSURER E:</b>	
		<b>INSURER F:</b>	
<b>INSURED</b>			
Vada Chocolates Inc.			
10281 Midtown Pkwy Ste 125			
Jacksonville FL 32246			

**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 LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			BZW58228161	12/27/2017	12/27/2018	EACH OCCURRENCE	\$ 2000000	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 2000000	
	<input checked="" type="checkbox"/> Businessowners						MED EXP (Any one person)	\$ 15000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							PERSONAL & ADV INJURY	\$ 2000000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						GENERAL AGGREGATE	\$ 4000000	
	OTHER:						PRODUCTS - COMP/OP AGG	\$ 4000000	
	<b>AUTOMOBILE LIABILITY</b>						COMBINED SINGLE LIMIT (Ea accident)	\$	
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$	
	<input type="checkbox"/> OWNED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
	<input type="checkbox"/> HIRED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
	<input type="checkbox"/> SCHEDULED AUTOS							\$	
	<input type="checkbox"/> NON-OWNED AUTOS ONLY							\$	
B	<input checked="" type="checkbox"/> UMBRELLA LIAB			USO58228161	12/27/2017	12/27/2018	EACH OCCURRENCE	\$ 1000000	
	<input checked="" type="checkbox"/> EXCESS LIAB						AGGREGATE	\$ 1000000	
	<input type="checkbox"/> CLAIMS-MADE							\$	
	DED <input checked="" type="checkbox"/> RETENTION \$ 10000							\$	
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>			TWC3612973	03/01/2017	03/01/2018	<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input type="checkbox"/> N	N/A				Y	E.L. EACH ACCIDENT	\$ 1000000
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE	\$ 1000000
							E.L. DISEASE - POLICY LIMIT	\$ 1000000	
A	Business Owners Property Insurance			BZW58228161	12/27/2017	12/27/2018	Personal Property	420,240	
							Spoilage	10,000	

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**

Kilwins Chocolate Franchise, Inc and Kilwins Quality Confections, Inc are listed as Additional Insured Grantor of Franchise with respect to the General Liability for the following covered location. Re: 10281 Midtown Pkwy Ste 125 Jacksonville, FL 32246  
 30\* Day Notice of Cancellation \*10 Day Notice of Cancellation for Cancellation for Non-Payment of Premium.  
 Umbrella follows form. Waiver of Subrogation Applies per form BP7076 and CA7110.  
 This policy is primary. Certificate Holder is Additional Insured if required per Insured Contract per form CA7110.  
 Prop Location - 10281 Midtown Pkwy Ste 125 Jacksonville FL 32246, Special, Wind 2%  
 Cert holder is also listed as additional insured and wavier of subrogation per written contract

**CERTIFICATE HOLDER CANCELLATION**

Kilwins Chocolate Franchise, Inc  Kilwins Quality Confections, Inc 1050 Bay View Rd 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 <i>Melody McCoy</i>

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