

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 09/30/2023

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).

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PRODUCER	CONTACT Vicky M. Zelen			
Zelen Risk Solutions, Inc.	PHONE (A/C, No. Ext): (904) 262-8080 FAX (A/C, No): (904)26	2-1444		
7964 Devoe Street	E-MÁIL ADDRESS: vicky@zelenrisk.com			
Jacksonville FL 32220	INSURER(S) AFFORDING COVERAGE	NAIC #		
	INSURER A: Hartford Insurance Company			
INSURED	INSURER B: Technology Insurance Company			
Vada Chocolates, Inc. dba Kilwins of Jacksonville	INSURER C: West American Insurance Company			
10281 Midtown Parkway, Suite 125	INSURER D: Ohio Casualty Insurance Company			
Jacksonville FL 32246	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.

NSR TR		TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
A	X	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 2,000,000 \$ 2,000,000
				BZW62707648	12/27/2022	12/27/2023	MED EXP (Any one person)	\$ 15,000	
								PERSONAL & ADV INJURY	\$ Included
	GEN	I'L AGGRE <u>GAT</u> E LIMIT AP <u>PLIE</u> S PER:						GENERAL AGGREGATE	\$ 4,000,000
	X	POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$ 4,000,000
		OTHER:							\$
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
4	X	ANY AUTO						BODILY INJURY (Per person)	\$
		OWNED SCHEDULED AUTOS ONLY			21UECHH9387	12/27/2022	12/27/2023	BODILY INJURY (Per accident)	\$
	X	HIRED X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
								,	\$
		UMBRELLA LIAB OCCUR		USO62707648		12/27/2022	12/27/2023	EACH OCCURRENCE	\$ 1,000,000
D	X	EXCESS LIAB CLAIMS-MADE			USO62707648			AGGREGATE	\$ 1,000,000
		DED X RETENTION \$10,000							\$
		KERS COMPENSATION						X PER OTH- STATUTE ER	
	ANY	PROPRIETOR/PARTNER/EXECUTIVE TO THE	N/A		TWC4222393	03/01/2023	02/04/2024	E.L. EACH ACCIDENT	\$ 1,000,000
	(Mandatory in NH)		N/A	1WC4222393	03/01/2023	03/01/2024	E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000	
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 1,000,000

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

Kilwins Chocolate Franchise Inc. is listed as Additional Insured on a Primary and Non-contributory basis when required by written contract. Waiver of Subrogation applies in favor of Kilwins Chocolate Franchise Inc. when required by written agreement, as well.

30 day notice of cancellation applies, except 10 days for non-payment of premium.

dchalupka@kilwinsfranchise.com jacksonville@kilwins.com

Kilwins Chocolate Franchise, Inc. Kilwins 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	AUTHORIZED REPRESENTATIVE \\(\(\text{L}\text{L}\text{L}\text{L}\text{L}\text{L}\text{C}\text{VMZ>}

CANCELLATION

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CERTIFICATE HOLDER